Division of Program Compliance - Audits Branch 1515 Clay Street, Suite 1109, Oakland, CA 94612 (510) 622-2584, FAX (510) 622-2585

November 24, 2009

Maureen Bauman, LCSW, Director Adults Systems of Care 11512 B Avenue, DeWitt Center Auburn, CA 95603

Dear Ms. Bauman:

AUDIT REPORT - PLACER COUNTY ADULT SYSTEMS OF CARE

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Placer County Adult Systems of Care for the fiscal period July 1, 2004 to June 30, 2005. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and State General Fund under EPSDT program (Schedule 1) represents the actual net program costs allowable under the above mentioned statutes.

The effect of this revised allowable program costs is as follows:

Net Program Costs

| Federal Share of | Settled | Allowed | <u>Ad</u> | <u>justment</u> |
|---|-----------------|-----------------|-----------|-----------------|
| Short-Doyle/Medi-Cal | \$ 6,563,802 | \$ 6,468,294 | \$ | (95,508) |
| Federal Share of Healthy Families/Medi-Cal | \$ 0 | \$ 0 | \$ | 0 |
| State General Funds EPSDT Due State | \$ 1,499,570 | \$ 1,474,390 | \$ | (25,180) |

Maureen Bauman, LCSW, Director November 24, 2009 Page 2

If you disagree with any of the results of this audit, you may request an informal appeal conference. This request must be in writing and received by the Department of Health Care Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to John Melton, Acting Chief, Administrative Appeals, Office of Legal Services, Department of Health Care Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

WALTER J. HILL, JR., MBA, EA

Chief of Audits

Shirty Castande
SHIRLEY CASTANEDA, Supervisor
Audits – Bay & Central Region

Enclosures

CERTIFIED MAIL

PLACER COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2005

| NET REIMBURSABLE MEDI-CAL PROGRAM COSTS | | | As Settled | | Audit Adjustments | _ | As Audited |
|---|--------------|------------|------------|------------|----------------------|------------|------------|
| FROGRAM COSIS | | | | | | | |
| COUNTY PROVIDERS | | | | | | | |
| | (Sab 2a) | • | 4.056.303 | • | (105.450) | • | 4 950 047 |
| MEDI-CAL - FFP | (Sch. 2a) | \$ | 4,956,397 | Þ | (105,450) | 3 | 4,850,947 |
| HEALTHY FAMILIES - FFP | (Sch. 2a) | | 106600 | | (105 (50) | | 1050017 |
| TOTAL FFP - COUNTY PROVIDERS | | \$ | 4,956,397 | \$_ | (105,450) | 2 | 4,850,947 |
| CONTRACT PROVIDERS | | | | | | | |
| MEDI-CAL - FFP | (Sch. 3b) | \$ | 1,607,405 | \$ | 9,942 | \$ | 1,617,347 |
| HEALTHY FAMILIES - FFP | (Sch. 3b) | y | 0,007,409 | Ψ | 0 | Ψ | 1,017,547 |
| TOTAL FFP - COTRACT PROVIDERS | (301. 30) | \$ | 1,607,405 | s - | | s - | 1,617,347 |
| TOTAL FFF - COTRACT FROVIDERS | | J | 1,007,403 | " — | 7,742 | " – | 1,017,347 |
| TOTAL FFP - COUNTY PLUS CONTRACT | PROVIDERS | | | | | | |
| MEDI-CAL - FFP | | \$ | 6,563,802 | \$ | (95,508) | \$ | 6,468,294 |
| HEALTHY FAMILIES - FFP | | Ψ | 0,565,662 | • | (55,500) | • | 0,400,251 |
| | DD OT HDCD C | _ | <u>-</u> - | | —— <u> </u> | _ | 6.469.204 |
| TOTAL FFP - COUNTY PLUS CONTRACT | PROVIDERS | \$ <u></u> | 6,563,802 | : \$ = | (95,508) | Э. = | 6,468,294 |
| | | | | | | | |
| SUMMARY OF STATE GENERAL FUNDS | | | | | | | |
| EPSDT - SGF | (Sch 4) | \$ | 1,499,570 | \$ | (25,180) | \$ | 1,474,390 |
| | (==,,, | | | : = | | = | |

Note:

The "As Settled" amount above includes a refund of \$35,312 to the State subsequent to the initial EPSDT settlement. (Refer to Adjustment 64)

PLACER COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2005

COUNTY OPERATED FEDERAL

| Total Medi-Cal Gross Reimbursement 1. Inpatient SD/MC and Crossover (MH 1968, Ln 11, 11A) \$ 0 \$ \$ 0 \$ \$ 0 \$ \$ 7,72 \$ \$ 3. Enhanced SD/MC (Children) - 1/P (MH 1968, Ln 16, 16A) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | | | | Audit | | |
|--|--|---------------------------------------|---------|------------|-----------|--------------|------|------------|
| Inpatient SD/MC and Crossover | | | _ | As Settled | | Adjustments. | _ | As Audited |
| 2. Outpatient SD/MC and Crossover (MH 1968, Ln 11, 11A) 7,982,631 (259,473) 7,72 3. Enhanced SD/MC (Children) - I/P (MH1968, Ln 16, 16A) 0 0 0 4. Enhanced SD/MC (Children) - O/P (MH1968, Ln 16, 16A) 0 30,995 3 5. Enhanced SD/MC (Refugees) - I/P (MH1968, Ln 22) 0 0 0 6. Enhanced SD/MC (Refugees) - O/P (MH1968, Ln 22) 0 0 0 7. Healthy Families Gross Reimbursement-I/P (MH1968, Ln 27, 27A) 0 0 0 8. Healthy Families Gross Reimbursement-O/P (MH1968, Ln 27, 27A) 0 0 0 9. Total \$7,982,631 \$ (229,377) \$ 7,75 Less: Patient & Other Pavor Revenues 10. Inpatient SD/MC and Crossover (MH 1968, Ln 28, 28A) \$ 0 \$ 0 \$ 0 12. Enhanced SD/MC (Children)-I/P (MH 1968, Ln 29) 0 0 0 13. Enhanced SD/MC (Children)-O/P (MH 1968, Ln 29) 0 0 0 14. Enhanced SD/MC (Children)-O/P (MH 1968, Ln 30) 0 0 0 15. Enhanced SD/MC (Refugees) - I/P (MH1968, Ln 30) 0 0 0 16. Healthy Families Patient Revenue-I/P (MH 1968, Ln 31) 0 0 0 17. Healthy Families Patient Revenue-O/P (MH 1968, Ln 31) 0 0 0 18. Total \$ 49,899 \$ 0 \$ 0 \$ 0 19. Total \$ 49,899 \$ 0 0 0 10. Total \$ 100 \$ 0 0 11. Healthy Families Patient Revenue-O/P (MH 1968, Ln 31) 0 0 0 10. Total \$ 100 \$ 0 0 11. Healthy Families Patient Revenue-O/P (MH 1968, Ln 31) 0 0 0 12. Enhanced SD/MC (Refugees)-O/P (MH 1968, Ln 31) 0 0 0 13. Enhanced SD/MC (Refugees)-O/P (MH 1968, Ln 31) 0 0 0 14. Enhanced SD/MC (Refugees)-O/P (MH 1968, Ln 31) 0 0 0 15. Enhanced SD/MC (Refugees)-O/P (MH 1968, Ln 31) 0 0 0 16. Healthy Families Patient Revenue-O/P (MH 1968, Ln 31) 0 0 0 17. Healthy Families Patient Revenue-O/P (MH 1968, Ln 31) 0 0 0 18. Total \$ 100 \$ 0 0 19. Total \$ 100 \$ 0 0 10. Tot | Total Medi-Cal Gross Reimbursement | | | | | | | |
| 3. Enhanced SD/MC (Children) - I/P (MH1968, Ln 16, 16A) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 1. Inpatient SD/MC and Crossover | (MH 1968, Ln 11, 11A) | \$ | 0 | \$ | 0 | \$ | 0 |
| 4. Enhanced SD/MC (Children) - O/P (MH1968, Ln 16, 16A) 0 30,095 0 3 5. Enhanced SD/MC (Refugees) - I/P (MH1968, Ln 12) 0 0 0 0 6. Enhanced SD/MC (Refugees) - O/P (MH1968, Ln 22) 0 0 0 0 7. Healthy Families Gross Reimbursement-I/P (MH1968, Ln 27, 27A) 0 0 0 0 8. Healthy Families Gross Reimbursement-O/P (MH1968, Ln 27, 27A) 0 0 0 0 9. Total \$ 7,982,631 \$ (229,377) \$ 7,752 Comparison of Com | 2. Outpatient SD/MC and Crossover | (MH 1968, Ln 11, 11A) | | 7,982,631 | | (259,473) | | 7,723,158 |
| 5. Enhanced SD/MC (Refugees) - I/P (MH1968, Ln 22) 0 0 0 6. Enhanced SD/MC (Refugees) - O/P (MH1968, Ln 22) 0 0 0 7. Healthy Families Gross Reimbursement-I/P (MH1968, Ln 27, 27A) 0 0 0 8. Healthy Families Gross Reimbursement-O/P (MH1968, Ln 27, 27A) 0 0 0 9. Total \$ 7,982,631 \$ (229,377) \$ 7,75 Comparison | 3. Enhanced SD/MC (Children) - 1/P | (MH1968, Ln 16, 16A) | | 0 | | 0 | | 0 |
| 6. Enhanced SD/MC (Refugees) - O/P (MH1968, Ln 22) 0 0 0 8. Healthy Families Gross Reimbursement-VP (MH1968, Ln 27, 27A) 0 0 0 8. Healthy Families Gross Reimbursement-O/P (MH1968, Ln 27, 27A) 0 0 0 9. Total \$\frac{7}{9.82,631}\$ | 4. Enhanced SD/MC (Children) - O/P | (MH1968, Ln 16, 16A) | | 0 | | 30,095 | | 30,095 |
| 7. Healthy Families Gross Reimbursement-I/P (MH1968, Ln 27, 27A) 0 0 0 8. Healthy Families Gross Reimbursement-O/P (MH1968, Ln 27, 27A) 0 0 0 9. Total \$ 7,982,631 \$ 0 0 0 10. Inpatient SD/MC and Crossover (MH 1968, Ln 28, 28A) \$ 0 \$ 0 \$ 11. Outpatient SD/MC and Crossover (MH 1968, Ln 28, 28A) \$ 0 \$ 0 \$ 12. Enhanced SD/MC (Children)-I/P (MH 1968, Ln 29) 0 0 0 13. Enhanced SD/MC (Ridgees) - I/P (MH1968, Ln 30) 0 0 0 14. Enhanced SD/MC (Refugees) - I/P (MH1968, Ln 30) 0 0 0 16. Healthy Families Patient Revenue-I/P (MH 1968, Ln 31) 0 0 0 17. Healthy Families Patient Revenue-O/P (MH1968, Ln 31) 0 0 0 18. Total \$ 49,899 \$ 0 \$ 0 \$ Medi-Cal Net Reimbursement for Direct Services 19. Inpatient SD/MC (Incl Children Enhanced) (Ln 1,3 - Ln 10,12) \$ 0 \$ 0 \$ 10. Outpatient SD/MC (Refugees)-I/P (Ln 5 - Ln 11,13) 7,932,732 (229,377) 7,76 21. Enhanced SD/MC (Refugees)-I/P (Ln 5 - Ln 14) 0 0 0 22. Enhanced SD/MC (Refugees)-I/P (Ln 6 - Ln 15) 0 0 0 23. Healthy Families-I/P (Ln 7 - Ln 16) 0 0 0 24. Healthy Families-O/P (Ln 8 - Ln 17) 0 0 0 25. Total \$ 7,932,732 \$ (229,377) \$ 7,76 Medi-Cal MAA Reimbursement 26. Service Functions 01-09 (MH1979, Ln 11, Col. A) \$ 0 \$ 0 \$ 0 \$ | 5. Enhanced SD/MC (Refugees) - 1/P | (MH1968, Ln 22) | | . 0 | | 0 | | 0 |
| 8. Healthy Families Gross Reimbursement-O/P 9. Total S | 6. Enhanced SD/MC (Refugees) - O/P | (MH1968, Ln 22) | | 0 | | 0 | | 0 |
| Part | 7. Healthy Families Gross Reimbursement-I/P | (MH1968, Ln 27, 27A) | | 0 | | 0 | | 0 |
| Less: Patient & Other Pavor Revenues | 8. Healthy Families Gross Reimbursement-O/P | (MH1968, Ln 27, 27A) | | 0 | | 0 | | 0 |
| 10. Inpatient SD/MC and Crossover (MH 1968, Ln 28, 28A) \$ 0 \$ 0 \$ 1 | 9. Total | | \$_ | 7,982,631 | \$ | (229,377) | \$ | 7,753,254 |
| 11. Outpatient SD/MC and Crossover | Less: Patient & Other Payor Revenues | | | | | | | |
| 12. Enhanced SD/MC (Children)-I/P (MH 1968, Ln 29) 0 0 0 13. Enhanced SD/MC (Children)-O/P (MH 1968, Ln 29) 0 0 14. Enhanced SD/MC (Refugees) - I/P (MH1968, Ln 30) 0 0 15. Enhanced SD/MC (Refugees) - O/P (MH1968, Ln 30) 0 0 16. Healthy Families Patient Revenue-I/P (MH 1968, Ln 31) 0 0 17. Healthy Families Patient Revenue-O/P (MH 1968, Ln 31) 0 0 18. Total \$\frac{1}{2}\$\$ \frac{49,899}{2}\$ | 10. Inpatient SD/MC and Crossover | (MH 1968, Ln 28, 28A) | \$ | 0 | \$ | 0 | \$ | 0 |
| 13. Enhanced SD/MC (Children)-O/P (MH 1968, Ln 29) 0 0 14. Enhanced SD/MC (Refugees) - I/P (MH1968, Ln 30) 0 0 15. Enhanced SD/MC (Refugees) - O/P (MH1968, Ln 30) 0 0 16. Healthy Families Patient Revenue-I/P (MH 1968, Ln 31) 0 0 17. Healthy Families Patient Revenue-O/P (MH 1968, Ln 31) 0 0 18. Total \$ 49,899 \$ 0 \$ 4 Medi-Cal Net Reimbursement for Direct Services 19. Inpatient SD/MC (Incl Children Enhanced) (Ln 1,3 - Ln 10,12) \$ 0 \$ 0 \$ 20. Outpatient SD/MC (Incl Children Enhanced) (Ln 2,4 - Ln 11,13) 7,932,732 (229,377) 7,70 21. Enhanced SD/MC (Refugees)-I/P (Ln 5 - Ln 14) 0 0 22. Enhanced SD/MC (Refugees)-O/P (Ln 6 - Ln 15) 0 0 23. Healthy Families-I/P (Ln 7 - Ln 16) 0 0 24. Healthy Families-O/P (Ln 8 - Ln 17) 0 0 25. Total \$ 7,932,732 \$ (229,377) \$ 7,70 Medi-Cal MAA Reimbursement 26. Service Functions 01-09 (MH1979, Ln 11, Col. A) \$ 0 \$ 0 \$ | 11. Outpatient SD/MC and Crossover | (MH 1968, Ln 28, 28A) | | 49,899 | | 0 | | 49,899 |
| 14. Enhanced SD/MC (Refugees) - 1/P (MH1968, Ln 30) 0 0 15. Enhanced SD/MC (Refugees) - O/P (MH1968, Ln 30) 0 0 16. Healthy Families Patient Revenue-I/P (MH 1968, Ln 31) 0 0 17. Healthy Families Patient Revenue-O/P (MH 1968, Ln 31) 0 0 18. Total \$ 49,899 \$ 0 \$ Medi-Cal Net Reimbursement for Direct Services 19. Inpatient SD/MC (Incl Children Enhanced) (Ln 1,3 - Ln 10,12) \$ 0 \$ 0 \$ 20. Outpatient SD/MC (Incl Children Enhanced) (Ln 2,4 - Ln 11,13) 7,932,732 (229,377) 7,70 21. Enhanced SD/MC (Refugees)-I/P (Ln 5 - Ln 14) 0 0 0 22. Enhanced SD/MC (Refugees)-O/P (Ln 6 - Ln 15) 0 0 0 23. Healthy Families-I/P (Ln 7 - Ln 16) 0 0 0 24. Healthy Families-O/P (Ln 8 - Ln 17) 0 0 25. Total \$ 7,932,732 \$ (229,377) \$ 7,70 Medi-Cal MAA Reimbursement 26. Service Functions 01-09 (MH1979, Ln 11, Col. A) \$ 0 \$ 0 | 12. Enhanced SD/MC (Children)-I/P | (MH 1968, Ln 29) | | 0 | | 0 | | 0 |
| 15. Enhanced SD/MC (Refugees) - O/P (MH1968, Ln 30) 0 0 0 16. Healthy Families Patient Revenue-I/P (MH 1968, Ln 31) 0 0 0 17. Healthy Families Patient Revenue-O/P (MH 1968, Ln 31) 0 0 0 18. Total \$ 49,899 \$ 0 \$ 0 \$ 0 19. Inpatient SD/MC (Incl Children Enhanced) (Ln 1,3 - Ln 10,12) \$ 0 \$ 0 \$ 0 \$ 0 19. Inpatient SD/MC (Incl Children Enhanced) (Ln 2,4 - Ln 11,13) 7,932,732 (229,377) 7,70 10. Enhanced SD/MC (Refugees)-I/P (Ln 5 - Ln 14) 0 0 0 10. Enhanced SD/MC (Refugees)-O/P (Ln 6 - Ln 15) 0 0 0 10. Inpatient SD/MC (Refugees)-O/P (Ln 7 - Ln 16) 0 0 0 11. Healthy Families-I/P (Ln 7 - Ln 16) 0 0 0 12. Healthy Families-O/P (Ln 8 - Ln 17) 0 0 0 13. Healthy Families-O/P (Ln 8 - Ln 17) 0 0 0 0 14. Healthy Families-O/P (Ln 8 - Ln 17) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 13. Enhanced SD/MC (Children)-O/P | (MH 1968, Ln 29) | | 0 | | 0 | | 0 |
| 16. Healthy Families Patient Revenue-I/P (MH 1968, Ln 31) 0 0 17. Healthy Families Patient Revenue-O/P (MH 1968, Ln 31) 0 0 18. Total \$ 49,899 \$ 0 \$ Medi-Cal Net Reimbursement for Direct Services 19. Inpatient SD/MC (Incl Children Enhanced) (Ln 1,3 - Ln 10,12) \$ 0 \$ 0 \$ 20. Outpatient SD/MC (Incl Children Enhanced) (Ln 2,4 - Ln 11,13) 7,932,732 (229,377) 7,70 21. Enhanced SD/MC (Refugees)-I/P (Ln 5 - Ln 14) 0 0 0 22. Enhanced SD/MC (Refugees)-O/P (Ln 6 - Ln 15) 0 0 0 23. Healthy Families-I/P (Ln 7 - Ln 16) 0 0 0 24. Healthy Families-O/P (Ln 8 - Ln 17) 0 0 0 25. Total \$ 7,932,732 \$ (229,377) \$ 7,70 Medi-Cal MAA Reimbursement 26. Service Functions 01-09 (MH1979, Ln 11, Col. A) \$ 0 \$ | 14. Enhanced SD/MC (Refugees) - I/P | (MH1968, Ln 30) | | 0 | | 0 | | 0 |
| 17. Healthy Families Patient Revenue-O/P (MH 1968, Ln 31) 0 0 0 18. Total \$ 49,899 \$ 0 \$ 4 Medi-Cal Net Reimbursement for Direct Services | 15. Enhanced SD/MC (Refugees) - O/P | (MH1968, Ln 30) | | 0 | | 0 | | 0 |
| Net Reimbursement for Direct Services | 16. Healthy Families Patient Revenue-I/P | (MH 1968, Ln 31) | | 0 | | 0 | | 0 |
| Medi-Cal Net Reimbursement for Direct Services | 17. Healthy Families Patient Revenue-O/P | (MH 1968, Ln 31) | | 0 | | 0 | | 0 |
| 19. Inpatient SD/MC (Incl Children Enhanced) (Ln 1,3 - Ln 10,12) \$ 0 \$ 0 \$ 20. Outpatient SD/MC (Incl Children Enhanced) (Ln 2,4 - Ln 11,13) 7,932,732 (229,377) 7,70 21. Enhanced SD/MC (Refugees)-I/P (Ln 5 - Ln 14) 0 0 0 22. Enhanced SD/MC (Refugees)-O/P (Ln 6 - Ln 15) 0 0 0 23. Healthy Families-I/P (Ln 7 - Ln 16) 0 0 0 24. Healthy Families-O/P (Ln 8 - Ln 17) 0 0 0 25. Total \$ 7,932,732 \$ (229,377) \$ 7,71 Medi-Cal MAA Reimbursement 26. Service Functions 01-09 (MH1979, Ln 11, Col. A) \$ 0 \$ 0 \$ | 18. Total | | \$ = | 49,899 | \$ | 0 | \$_ | 49,899 |
| 20. Outpatient SD/MC (Incl Children Enhanced) (Ln 2,4 - Ln 11,13) 7,932,732 (229,377) 7,70 21. Enhanced SD/MC (Refugees)-I/P (Ln 5 - Ln 14) 0 0 22. Enhanced SD/MC (Refugees)-O/P (Ln 6 - Ln 15) 0 0 23. Healthy Families-I/P (Ln 7 - Ln 16) 0 0 24. Healthy Families-O/P (Ln 8 - Ln 17) 0 0 25. Total \$ 7,932,732 \$ (229,377) \$ 7,71 Medi-Cal MAA Reimbursement 26. Service Functions 01-09 (MH1979, Ln 11, Col. A) \$ 0 \$ 0 \$ | Medi-Cal Net Reimbursement for Direct Services | | | | | | | |
| 21. Enhanced SD/MC (Refugees)-I/P (Ln 5 - Ln 14) 0 0 22. Enhanced SD/MC (Refugees)-O/P (Ln 6 - Ln 15) 0 0 23. Healthy Families-I/P (Ln 7 - Ln 16) 0 0 24. Healthy Families-O/P (Ln 8 - Ln 17) 0 0 25. Total \$ 7,932,732 \$ (229,377) \$ 7,70 Medi-Cal MAA Reimbursement 26. Service Functions 01-09 (MH1979, Ln 11, Col. A) \$ 0 \$ 0 \$ | 19. Inpatient SD/MC (Incl Children Enhanced) | (Ln 1,3 - Ln 10,12) | \$ | 0 | \$ | 0 | \$ | 0 |
| 21. Enhanced SD/MC (Refugees)-I/P (Ln 5 - Ln 14) 0 0 22. Enhanced SD/MC (Refugees)-O/P (Ln 6 - Ln 15) 0 0 23. Healthy Families-I/P (Ln 7 - Ln 16) 0 0 24. Healthy Families-O/P (Ln 8 - Ln 17) 0 0 25. Total \$ 7,932,732 \$ (229,377) \$ 7,70 Medi-Cal MAA Reimbursement 26. Service Functions 01-09 (MH1979, Ln 11, Col. A) \$ 0 \$ 0 \$ | 20. Outpatient SD/MC (Incl Children Enhanced) | (Ln 2,4 - Ln 11,13) | | 7,932,732 | | (229,377) | | 7,703,355 |
| 23. Healthy Families-I/P (Ln 7 - Ln 16) 0 0 24. Healthy Families-O/P (Ln 8 - Ln 17) 0 0 25. Total \$ 7,932,732 \$ (229,377) \$ 7,70 Medi-Cal MAA Reimbursement 26. Service Functions 01-09 (MH1979, Ln 11, Col. A) \$ 0 \$ 0 \$ | 21 Enhanced SD/MC (Refugees)-I/P | (Ln 5 - Ln 14) | | 0 | | | | 0 |
| 24. Healthy Families-O/P (Ln 8 - Ln 17) 0 0 25. Total \$ 7,932,732 \$ (229,377) \$ 7,70 Medi-Cal MAA Reimbursement 26. Service Functions 01-09 (MH1979, Ln 11, Col. A) \$ 0 \$ 0 \$ | 22. Enhanced SD/MC (Refugees)-O/P | (Ln 6 - Ln 15) | | 0 | | 0 | | 0 |
| 25. Total \$\frac{7,932,732}{\text{900}} \\$ \frac{(229,377)}{\text{\$ 7,79}} \\$ \frac{7,79}{\text{\$ 7,79}} \] Medi-Cal MAA Reimbursement 26. Service Functions 01-09 \$\text{(MH1979, Ln 11, Col. A)} \\$ 0 \\$ 0 \\$ | 23. Healthy Families-I/P | (Ln 7 - Ln 16) | | 0 | | 0 | | 0 |
| Medi-Cal MAA Reimbursement (MH1979, Ln 11, Col. A) \$ 0 \$ 0 \$ | 24. Healthy Families-O/P | (Ln 8 - Ln 17) | | 0 | | 0 | | 0 |
| 26. Service Functions 01-09 (MH1979, Ln 11, Col. A) \$ 0 \$ | 25. Total | , | \$ _ | 7,932,732 | - = \$ | (229,377) | \$ = | 7,703,355 |
| 26. Service Functions 01-09 (MH1979, Ln 11, Col. A) \$ 0 \$ | Medi-Cal MAA Reimbursement | | | | | | | |
| | | (MH1979, Ln 11, Col. A) | \$ | 0 | \$ | . 0 | \$ | 0 |
| 27. Service Functions 11-19, 51-39 (Min 1979, Lil 12, Col. A) | 27. Service Functions 11-19, 31-39 | (MH1979, Ln 12, Col. A) | | 0 | | 0 | | 0 |
| 28. Service Functions 21-19 (MH1979, Ln 13, Col. A) 0 0 | | · · · · · · · · · · · · · · · · · · · | | | | _ | | 0 |
| 29. Total \$ 0 \$ 0 \$ | | (| s - | | _ | | s - | |

PLACER COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2005

| COUNTY OPERATED FEDERAL | | | | | Audit | | |
|---|-------------------------|-----------|------------|-----|-------------|------------|-------------|
| | | | As Settled | _ | Adjustments | _ | As Audited |
| Amount Negotiated Rates Exceed Cost | | | | | | | |
| 30. Inpatient SD/MC (Incl Children Enhan) | (MH 1968, Ln 38, 38A) | \$ | 0 | \$ | 0 9 | 5 | 0 |
| 31. Outpatient SD/MC (Incl Children Enhan) | (MH 1968, Ln 38, 38A) | | 0 | | 0 | | 0 |
| 32. Enhanced SD/MC (Refugees)-1/P | (MH1968, Ln 39) | | 0 | | 0 | | 0 |
| 33. Enhanced SD/MC (Refugees)-O/P | (MH1968, Ln 39) | | 0 | | 0 | | 0 |
| 34. Healthy Families-I/P | (MH 1968, Ln 40, 40A) | | 0 | | 0 | | 0 |
| 35. Healthy Families-O/P | (MH 1968, Ln 40, 40A) | | 0 | _ | 0 | _ | 0 |
| 36. Total | | \$ | 0 | \$_ | | § _ | 0 |
| Medi-Cal Administrative Reimbursement | | | | | | | |
| 37. Administrative Reimbursement Limit | (MH 1979, Ln 4) | \$ | 1,706,962 | \$ | (32,225) | \$ | 1,674,737 |
| 38. Medi-Cal Administration | (MH 1979, Ln 5) | s — | 1,820,006 | \$ | (3,647) | | 1,816,359 |
| 39. Medi-Cal Reimbursement | (Lower of Ln 37, Ln 38) | \$ | 1,706,962 | \$_ | (32,225) | \$ <u></u> | 1,674,737 |
| Healthy Families Administrative Reimbursement | | | | | | | |
| 40. Healthy Families Administrative Reimbursement Lin | mit (MH1979, Ln 8) | \$ | 0 | \$ | 0 : | \$ | 0 |
| 41. Healthy Families Administration | (MH1979, Ln 9) | \$ | 0 | \$ | 0 : | \$ | 0 |
| 42. Healthy Families Administrative Reimbursement | (Lower of Ln 40, Ln 41) | \$ | 0 | \$_ | 0 | s <u> </u> | 0 |
| Utilization Review Reimbursement | | | | | | | |
| 43. Skilled Professional | (MH1979, Ln 14, Col. D) | \$ | 108,709 | \$ | 16,588 | \$ | 125,297 |
| 44. Other Medi-Cal U.R. | (MH1979, Ln 15, Col. D) | \$ | 110,036 | \$ | | s <u>=</u> | 126,828 |
| Net SD/MC Reimbursement - FFP | | | | | | | |
| 45. Direct Services | (MH1979, Ln 16,16A) | \$ | 3,966,366 | \$ | (129,736) | \$ | 3,836,630 |
| 46. Enhanced (Children) | (MH1979, Ln 17,17A) | • | 0 | • | 19,562 | • | 19,562 |
| 47. Enhanced (Refugees) | (MH1979, Ln 18) | | 0 | | 0 | | 0 |
| 48 MAA | (MH 1979, Ln 11, 12 & 1 | 3) | 0 | | 0 | | 0 |
| 49. Administrative Reimbursement | (MH1979, Ln 6) | -, | 853,481 | | (16,113) | | 837,368 |
| 50. U.R. Skilled Professional | (MH1979, Ln 14) | | 81,532 | | 12,440 | | 93,973 |
| 51. U.R. Other | (MH1979, Ln 15) | | 55,018 | | 8,396 | | 63,414 |
| 52. Negotiated Rate-Payback | (MH1979, Ln 20) | | 0 | | 0,570 | | 0 |
| 53. Subtotal- FFP | (11111717, 211 20) | \$ | 4,956,397 | \$ | (105,451) | \$_ | 4,850,947 |
| 54. Contract Limitation Adjustment | (MH 1979, Ln 22) | \$ | 0 | \$ | 0 | \$ | 0 |
| 55. Quality Assurance | (Adj #) | _ | 0 | | 0 | _ | 0 |
| 56. Total SD/MC Reimbursement - FFP | | \$ | 4,956,397 | \$ | (105,451) | \$ | 4,850,947 |
| Net Healthy Families Reimbursement - FFP | | | | | | = | |
| 57. Healthy Families Net Reimbursement | (MH1979, Ln 24,24A) | \$ | 0 | \$ | 0 | \$ | 0 |
| 58. Negotiated Rate Exceed Costs | (MH1979, Ln 26) | ¥ | 0 | ¥ | 0 | • | 0 |
| 59. Administrative Reimbursement | (MH1979, Ln 10) | | 0 | | 0 | | 0 |
| 60. Total Healthy Families Reimbursement - FFP | (miii), bii 10) | \$_ | 0 | \$ | 0 | s <u>_</u> | 0 |
| 61. Total - FFP (Ln 56 + Ln 60) | | \$ | 4,956,397 | \$ | (105,451) | \$ | 4,850,947 |
| 5 | | •= | 7,730,391 | = " | (107,001) | " = | (To Sch. 1) |

PLACER COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2005

| Legal Entity | | (1) Medi-Cal and Crossover Gross Reimb. | (2) Enhanced - Children Gross Reimb. | (3) Enhanced - Refugees Gross Reimb. | (4) Total Gross Cost (Excl. HFP) | (5) Healthy Families Gross Reimb. | (6) Medi-Cal and Crossover Gross Reimb. | (7) Enhanced - Children Gross Reimb. | (8) Enhanced - Refugees Gross Reimb. | (9) Total Gross Cost (Excl. HFP) | (10) Healthy Families Gross Reimb. |
|------------------------------|-----------------------|--|---|---|---|--|--|---|---|---|---|
| Number | Legal Entity | |) N P | ATE | N T | | | | A T I | E N T | |
| | | (MH 1968, Ln 5, 5A, 10,10A) | (MH 1968, Ln 16, 16A) | (MH 1968, Ln 22) | (Col. 1 to 3) | (MH 1968, Ln 27, 27A) | (MH 1968, Ln 5, 5A, 10,10A) | (MH 1968, Ln 16, 16A) | (MH 1968, Ln 22) | (Cal. 6 to 8) | (MH 1968, Ln 27, 27A) |
| 00108 Teleca | are Corporation | \$ 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | | | 0 \$ | 1,813,703 \$ | 0 |
| 00115 Senec | ca Cenyer | \$ 0 \$ | 0 \$ | 0 \$ | D \$ | 0 \$ | | | 0 \$ | 170,410 \$ | 0 |
| 00120 Familie | | \$ 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | | | 0 \$ | 42,053 \$ | 0 |
| | eld Ming Quong, Inc. | \$ 0.\$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | | | 0 \$ | 6,679 \$ | 0 |
| | us Childrens Services | \$ 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | | | 0 \$ | 242,043 \$ | 0 |
| 00484 North 1 | | \$ 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | | | 0 \$ | 62,846 \$ | 0 |
| | Oak Center | \$ 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | | 0 \$ | 0 \$ | 15,975 \$ | 0 |
| | v Glen Care Center | \$ 0 \$ | 0 \$ | . 0 \$ | 0 \$ | 0 \$ | | 0 \$ | 0 \$ | 135,850 \$ | 0 |
| | s Youth Home | \$ 0 \$ | 0 \$ | 0 \$ 0 \$ | 0 \$ 0 \$ | 0 \$ | 3,223 \$ 685,754 \$ | | 0 \$ | 3,223 \$ | Ü |
| | Family Services, Inc. | \$ 0 \$ \$ 0 \$ | 0 \$ 0 \$ | | 0 \$ 0 \$ | 0 \$ 0 \$ | | 8,245 \$ 0 \$ | 0 \$ 0 \$ | 693,999 \$ 780 \$ | U O |
| 00922 Rose v 00949 Crestw | wood Care Center | \$ 0 \$ | 0 \$ 0 \$ | 0 \$ 0 \$ | 0 \$ | 0 \$ | | 0 \$ | 0 \$ | 41,790 \$ | 0 |
| 00949 Crestw | MOOD BELLAIOLSI | \$ 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | | 0 \$ | 0 \$ | 0 \$ | 0 |
| | | \$ 0.\$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | | 0 \$ | 0 \$ | 0 \$ | 0 |
| | | \$ 0\$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | n |
| | | s 0 s | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | ñ |
| | | \$ 0.5 | 0 \$ | Ŏ \$ | 0 \$ | 0 \$ | 0 \$ | Ŏ \$ | o s | 0 \$ | Ô |
| | | \$ 0 \$ | 0 \$ | Ŏ \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | ŏ |
| | | \$ 0.5 | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | Ō |
| | | \$ 0\$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 |
| | | \$ 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 |
| | | \$ 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 |
| | | \$ 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | . 0 \$ | 0 \$ | 0 \$ | 0 |
| | | \$ 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 |
| | | \$ 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 |
| | | \$ 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 |
| | | \$ 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 |
| | | \$ 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 |
| | | \$ 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | U |
| | | \$ 0 \$ | 0 \$ | 0 \$ 0 \$ | 0 \$ | 0 \$ 0 \$ | 0 \$ | 0 \$ 0 \$ | 0 \$ 0 \$ | 0 \$ 0 \$ | 0 |
| | | \$ 0 \$ | 0 \$ | · • | 0 \$ | - • | 0 \$ | | | | U |
| | | \$ 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 |
| | | \$ 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | | 0 \$ | 0 \$ | 0 \$ | 0 |
| | | \$ 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ D \$ | 0 \$ 0 \$ | U |
| | | \$ 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ 0 \$ | 0 \$ 0 \$ | 0 \$ 0 \$ | 0 \$ | 0 \$ 0 \$ | 0 |
| | | \$ 0 \$ | 0 \$ | · 0 \$ | 0 \$ | 0 3 | 0.2 | 0 \$ | U \$ | 0.3 | U |
| GRAN | ID TOTAL | \$ | | | 0 \$ | 0 \$ | 3,211,558 \$ | 17,793 \$ | 0 \$ | 3,229,351 \$ | 0 |

PLACER COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2005

| | | | (11) | (12) | (13) | (14) | (15) | (16) | (17) | (18) | (19) |
|------------------|------------------------------|------------|---------------------------|----------------------|---------------------------|---------------------|--|------------------|--------------|------------------|------------------------|
| | | | Total | Healthy | _ Total | Healthy | Total | N-40-4 | Total | | Total |
| Legal | | | Revenue | Families | Revenue | Families | Net Cost (Excl. HFP) | Net Cost | Net Cost | Net Cost | MAA |
| Entity Number | Legal Entity | | (Excl. HFP) | Revenue | (Excl. HFP) | Revenue | The state of the s | Healthy Families | (Excl. HFP) | Healthy Families | FFP Baimburament |
| Number | <u>Legal Entity</u> | | (MH 1968 | (MH 1968, | (MH 1968, | (MH 1968, | | | | | Reimbursement |
| | | | (MH 1966, Ln 28 to 30) | (MIT 1966, Ln 31) | (MH 1966, Ln 28 to 30) | (MH 1906, Ln 31) | (Col 4-11) | (Col 5-12) | (Col 9-13) | (Col 10-14) | (MH 1979, Ln 11-13) |
| | | | LI1 20 to 30) | LII 31 J | CH 20 (0 30) | LITST | | | | | Lii 11-13) |
| 00108 | Telecare Corporation | \$ | 0 \$ | 0 \$ | D \$ | 0 \$ | 0 \$ | 0 | | | . 0 |
| 00115 | Seneca Cenyer | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | | 0 | | | . 0 |
| 00120 | Families First | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | | 0 | \$ 42,053 | | 0 |
| | Eastfield Ming Quong, Inc. | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | | 0 | | | 0 |
| | Milhous Childrens Services | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 | | | 0 |
| | North Valley School | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 | | | _ |
| | River Oak Center | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | | 0 | | | |
| 00529 | Willow Glen Care Center | \$ | 0 \$ | D \$ | 0 \$ | 0 \$ | | 0 | | | |
| | Charis Youth Home | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 | | | |
| | Sierra Family Services, Inc. | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 | | | |
| | Rose wood Care Center | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 | | | _ |
| | Crestwood Behvioral | \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 | | | - |
| 0 | | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 | | | - |
| 0 | ** | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 | | | - |
| 0 | | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 | | | |
| 0 | | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 | | | |
| 0 | | 0 \$ | 0 \$ | 0 \$ | 0 \$ 0 \$ | 0 \$ | 0 \$ 0 \$ | 0 | | | U |
| 0 | | 0 \$ | 0 \$ | 0 \$ | - • | 0 \$ 0 \$ | 0 \$ 0 \$ | 0 | | | Ü |
| 0 | | 0 \$ | 0 \$ 0 \$ | 0 \$ | | 0 \$ 0 \$ | 0 \$ | 0 : | | | |
| 0 | | 0 \$ | 0 \$ 0 \$ | 0 \$ 0 \$ | 0 \$ 0 \$ | 0 \$ | 0 s | 0 | | | - |
| Ü | | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 | | | - |
| 0 | | 0 \$ | U \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 : | | | Ü |
| 0 | | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 | | | 0 |
| 0 | | 0.5 | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 | | | 0 |
| 0 | | 0 \$ | 0 \$ | 0.\$ | 0 \$ | 0 \$ | | 0 | | | 0 |
| 0 | | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 | | | Õ |
| ň | | 0 \$ | o s | 0 \$ | 0 \$ | o \$ | 0 \$ | o : | | | ñ |
| ő | | 0 \$ | 0 s | 0 \$ | 0 s | 0 \$ | 0 \$ | o : | | | Ô |
| ñ | | 0 \$ | o s | 0 \$ | 0 \$ | 0 \$ | 0 \$ | ŏ : | | | ñ |
| Ŏ | | 0 \$ | 0 \$ | 0 \$ | 0 \$ | o \$ | 0, \$ | o : | | | ñ |
| • | | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 : | | | 0 |
| 0 | | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 : | | | 0 |
| 0 | | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 5 | | | 0 |
| Ô | | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 9 | | | 0 |
| 0 | | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 9 | | | n |
| J | | - u | 0 4 | · • | • • | υ ψ | • • | • | | • | • |
| | GRAND TOTAL | e- | | | | | | | 3,229,351 \$ | | |
| | SIGNED TOTAL | Ψ_ | | | *. | | | | <u> </u> | | |

PLACER COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2005

| Legal Entity | | (20) Neg. Rates Exceed Costs (Excl. HFP) | (21) Neg. Rates Exceed Costs Healthy Families | (22) Neg. Rates Exceed Costs (Excl. HFP) | (23) Neg. Rates Exceed Costs Healthy Families | (24) Total SD/MC Reimbursement | (25) Healthy Families Reimbursement | (26) Total Reimbursement | (27) FFP Contract | (28) Lower of FFP or Contract |
|-----------------|------------------------------|---|--|---|--|--------------------------------------|---|--------------------------------|----------------------------|-------------------------------|
| <u>Number</u> | Legal Entity | | TIENT | OUTPA | | (FFP) | (FFP) | (FFP) | Maximum | Maximum |
| | | (MH 1968, Ln 38 to 39) | (MH 1968, Ln 40, 40A) | (MH 1968, Ln 38 to 39) | (MH 1968, Ln 40, 40A) | (MH 1979, Line 21) | (MH 1979, Ln. 27) | (Col. 24 + 25) | | |
| | | Ln 30 (0 39) | Ln 40, 40A) | Lii 30 (0 39) | LI1 40, 40A) | | | | | |
| 00,108 | Telecare Corporation | \$ 0 | \$ 0 \$ | 0 \$ | 0 \$ | 913,058 \$ | 5 0 \$ | 913,058 \$ | 1,073,738 | 913,058 |
| 00115 | Seneca Cenyer | \$ 0 | \$ 0 \$ | 0 \$ | 0 \$ | 85,205 | 0 \$ | 85,205 \$ | | |
| 00120 | Families First | \$ 0 | \$ 0 \$ | 0 \$ | 0 \$ | | | | 0 \$ | |
| 00156 | Eastfield Ming Quong, Inc. | \$ 0 : | \$ 0 \$ | 0 \$ | 0 \$ | | | | 36,000 \$ | |
| 00386 | Milhous Childrens Services | | \$ 0 \$ | 0 \$ | 0 \$ | , | | | 0 \$ | |
| 00484 | North Valley School | \$ 0 | \$ 0 \$ | 0 \$ | 0 \$ | | • | 31,423 \$ | 0 \$ | - · · · · · · - · |
| 00512 | River Oak Center | \$ 0 | \$ 0 \$ | 0 \$ | 0 \$ | | | | 50,000 \$ | |
| 00529 | Willow Glen Care Center | \$ 0: | \$ 0 \$ | 0 \$ | 0 \$ | | | | 177,938 | |
| 00541 | Charis Youth Home | \$ 0 | \$ 0 \$ | 0 \$ | 0 \$ | | | | | |
| 00556 | Sierra Family Services, Inc. | \$ 0 5 | \$ 0 \$ | 0 \$ | 0 \$ | | | | 818,300 \$ | |
| 00922 | Rose wood Care Center | \$ 0 5 | \$ 0 \$ \$ 0 \$ | 0 \$ 0 \$ | O \$ | | | 390 \$ 20,895 \$ | 0 \$ 562,000 \$ | |
| 00949 0 | Crestwood Behvioral | \$ 0 S | s 0.5 | 0 \$ | 0.3 | | | 20,095 \$ | 562,000 \$ 0 \$ | |
| 0 | _ | \$ 0: | 5 0.5 S 0.5 | 0.\$ | 0.5 | 0 \$ | | 0 \$ | 0 \$ | . 0 |
| 0 | Ö | \$ 0 5 | \$ 0 \$ | 0.\$ | 0.\$ | 0.5 | , , , | 0 \$ | 0.5 | n |
| 0 | | s 0 5 | \$ 0 \$ | 0.\$ | 0.8 | 0 \$ | | 0 \$ | 0.5 | . n |
| ň | _ | \$ 0 5 | \$ 0.\$ | 0.\$ | 0.\$ | o s | • • • | 0 \$ | 0.5 | Ď |
| n | 0 | \$ 0 9 | \$ 0.5 | 0 \$ | Ď \$ | o s | | 0 \$ | Č \$ | ŏ |
| ñ | ō | \$ 0.5 | š 0 \$ | 0 \$ | 0 \$ | o s | | 0 \$ | 0 \$ | . 0 |
| Ö | ō | s 0 9 | \$ 0.5 | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 |
| ō | ō | \$ 0.5 | \$ 0.\$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 |
| 0 | 0 | \$ 0 9 | \$0\$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 |
| 0 | 0 | \$ 0 5 | \$ 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 \$ | 0 |
| 0 | 0 | \$ 0 5 | \$ 0 \$ | 0 \$ | 0 \$ | 0 \$ | • • | 0 \$ | 0 \$ | 0 |
| 0 | 0 | \$ 0 9 | \$ 0 \$ | 0 \$ | 0 \$ | 0 \$ | 7 7 | 0 \$ | 0 \$ | 0 |
| 0 | | \$ 0 9 | \$ 0 \$ | 0 \$ | 0 \$ | 0 \$ | | 0 \$ | 0 \$ | 0 |
| 0 | 0 | \$ 0 \$ | \$ 0 \$ | 0 \$ | 0 \$ | 0 \$ | | 0 \$ | 0 \$ | 0 |
| 0 | 0 | \$ 0 \$ | \$ 0 \$ | 0 \$ | 0 \$ | 0 \$ | | 0 \$ | 0 \$ | 0 |
| 0 | 0 | \$ 0 5 | \$ 0 \$ | 0 \$ | 0 \$ | 0 \$ 0 \$ | | 0 \$ 0 \$ | 0 \$ | 0 |
| 0 | | \$ 0 5 | \$ 0 \$ \$ 0 \$ | 0 \$ 0 \$ | 0 \$ 0 \$ | 0.\$ | 0 \$ 0 \$ | 0.\$ | 0 \$ 0 \$ | 0 |
| 0 | | \$ 0 5 | | • • | • • | | - * | • • | - • | 0 |
| 0 | | \$ 0 \$ | 5 0 \$ | 0 \$ | 0 \$ | 0 \$ | | 0 \$ | 0 \$ | 0 |
| 0 | 0 | | | 0 \$ | 0 \$ | 0 \$ 0 \$ | 0 \$ | 0 \$ 0 \$ | 0 \$ | U |
| 0 | 0 | | | 0 \$ 0 \$ | · 0 \$ | | | 0 \$ 0 \$ | 0 \$ 0 \$ | 0 |
| 0 | 0 | | | 0 \$ | 0 \$ | 0 \$ | | 0 \$ | 0 \$ | 0 |
| . 0 | 0 | 3 U 3 | D U 3 | 0 3 | 0 \$ | 0 3 | | 0 3 | 0.4 | U |
| | GRAND TOTAL | \$0 | 50\$ | 0 \$ | 0 \$ | 1,617,347_\$ | 0 \$ | 1,617,347 \$ | 2,717,976 \$ | 1,617,347 |

PLACER COUNTY COMMUNITY MENTAL HEALTH SERVICES COMPUTATION OF EPSDT STATE SHARE PER AUDIT FISCAL YEAR ENDED JUNE 30, 2005

| | _ | As Settled | Audit Adjustments | As Audited |
|--|----------|---------------|----------------------|-------------|
| (1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors) | \$ | 11,147,540 \$ | (214,834) \$ | 10,932,706 |
| (2) Total SD/MC Claims | | 11,937,618 | (97,359) | 11,840,259 |
| (3) Percent % (Line 1/Line 2) | | 93.38% | -1.04% | 92.34% |
| (4) EPSDT Claims | | 4,281,415 | (97,359) | 4,184,056 |
| (5) Actual Cost Settled EPSDT SD/MC | | | | |
| (Line 3 X Line 4) | | 3,997,985 | (134,428) | 3,863,557 |
| (6) Cost Settled Baseline for EPSDT | | 783,737 | 0 | 783,737 |
| (7) Net Cost Settlement Amount | | | | |
| (Line 5 - Line 6) | | 3,214,248 | (134,428) | 3,079,820 |
| (8) 50.00% of Cost Settlement Amount | | | | |
| (Line 7 x 50.00%) | | 1,607,124 | (67,214) | 1,539,910 |
| (8a) FY 2001-02 EPSDT Settlement | | 884,706 | 0 | 884,706 |
| (8b) Annual Local Growth (L. 8 - 8a) | | 722,418 | (67,214) | 655,204 |
| (9) County Match 10% of Local Growth (8b x 10%) | | 72,242 | (6,721) | 65,520 |
| (10) Net Cost Settlement Amount (L. 8 - 9) | | 1,534,882 | (60,492) | 1,474,390 |
| (11) SGF Distribution (Settled and Audited) | | 1,534,882 | (35,312) | 1,499,570 |
| (12) SGF Due State | <u> </u> | | (25,180) \$ | (25,180) |
| • | = | | | (To Sch. 1) |

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (includes contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2003-2004, includes increase for FFS/MC provider rate increase
- (7) Settlement amount prior to 10% match calculation (8) (9)
- (11) SGF gross distribution (See DMH letter dated August 1, 2003 sent to Local Mental Health Directors) Includes adjustment for additional SGF and ASO non participants
- (12) Amount owed back to the state cannot be more than was advanced.

| Provider | | | | | Provider Number | No. of Adj. | 1 | Period Ended |
|--------------------------|--|----------------------|-------|---|----------------------------------|---|---|---|
| | PLACER COL | JNTY | | | 00031 | 65 | June | 30, 2005 |
| | Report Refe | erence | | | | As | Increase | As |
| Adj. No. | Form/ Sch. | Line | Col. | EXPLANATION OF AUDIT ADJUSTN | IENTS | Reported | (Decrease) | Adjusted |
| | | | | ADJUSTMENTS TO REPORTED COSTS | <u>3</u> | | | |
| 1 Info. 2 Info. | МН 1960 МН 1960 МН 1960 МН 1960 | 9 10 11 12 | 0000 | SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION NON SD/MC ADMINISTRATION TOTAL ADMINISTRATION COSTS To reallocate total administrative costs to Medi-Cal and non-Med based on percentage of audited Medi-Cal costs (including crossor per form MH 1968 to total costs per Form MH 1964 in accordance report instructions. | ver costs) | \$ 1,820,006 0 1,075,680 \$ 2,895,686 | \$ (3,647) 0 3,647 \$ | \$ 1,816,359 0 1,079,327 \$ 2,895,686 |
| 3 4 5 Info. | MH 1960 MH 1960 MH 1960 MH 1960 | 13 14 15 16 | CCCC | report instructions. SKILLED PROFESSIONAL MEDICAL PERSONNEL (SPMP) OTHER SD/MC UTILIZATION REVIEW NON SD/MC UTILIZATION REVIEW TOTAL UTILIZATION REVIEW COSTS To reallocate total utilization review costs to Medi-Cal and non-M based on percentage of audited Medi-Cal costs per Form MH 19 costs per Form MH 1964 in accordance with cost report instruction | 68 to total | \$ 108,709 110,036 151,917 \$ 370,662 | \$ 16,588 16,792 (33,380) \$. | \$ 125,297 126,828 118,537 \$ 370,662 |
| 6 7 8 Info. | MH 1964 MH 1964 MH 1964 | 3 4 5 | A A A | ADJUSTMENTS TO ALLOCATION OF COS TO MODES OF SERVICE OTHER 24 HOUR SERVICES (MODE 05-SFC 10-19) DAY SERVICES (MODE 10) OUTPATIENT SERVICES (MODE 15 PROGRAM 1) TOTAL | | \$ 1,465,833 2,946,678 8,551,744 \$ 12,964,255 | \$ (618) (25) (26,420) \$ (27,063) | \$ 1,465,215 2,946,653 8,525,324 \$ 12,937,192 |
| | | | | To distribute audited Direct Services costs (Medi-Cal Modes) to C Services, Day Services and Outpatient Services using the Relative based on Published Charges. (DMH Letter 94-09). * Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment. | orner 24 Hour ve Value method | | | |

| Provider | | | | | Provider Number | No. of Adj. | 1 | Period Ended |
|-------------------------------------|---|-----------------------|------------------|--|---------------------------------|--|--|--|
| | PLACER COL | JNTY | | | 00031 | 65 | June | 30, 2005 |
| | Report Refe | rence | | , | | As | Increase | As |
| Adj. | Form/ | , | Col. | EXPLANATION OF AUDIT ADJUSTM | MENTS | Reported | (Decrease) | Adjusted |
| No. | Sch. | Line_ | <u>Col.</u> | | | <u> </u> | | |
| | | | | ADJUSTMENTS TO ALLOCATION OF COS TO MODES OF SERVICE | <u>sts</u> | | | |
| 9 10 11 Info. | MH1966A MH1966A MH1966A MH1966A | 3 3 3 3 | B C D A | FFS 15-10 FFS 15-30 FFS 15-60 TOTAL To eliminate the reported Fee For Service (FFS) costs as these of not broken down by each discipline. Costs will be redistributed at to FFS costs by each discipline to agree with the County Records | costs were liter adjustments | \$ 59,641 481,163 21,469 \$ 562,273 | (59,641) (481,163) (21,469) | \$ 0 0 0 \$ 562,273 * |
| 12 | MH1966A | 3 | A | FFS COSTS - TOTAL To adjust FFS costs to agree with the County records. | • | \$ 562,273 | \$ 27,064 | \$ 589,337 * |
| 13 14 15 16 17 Info. | MH1966A MH1966A MH1966A MH1966A MH1966A | 3 3 3 3 3 | B C D E F | CMS PUB 15-1 SEC. 2304 FFS PSYCHIATRIST 15-30 FFS PSYCHOLOGIST 15-11/31 FFS LCSW 15-12/32 FFS MFCC 15-13/33 TOTAL To reallocate Fee for Service costs to each discipline provider ar service function code to agree with the County records. CMS PUB 15-1 SEC. 2304 | - - | \$ 0 0 0 0 0 \$ 589,337 | \$ 3,329 21,624 43,994 204,637 315,753 \$ 589,337 | \$ 3,329 21,624 43,994 204,637 315,753 \$ 589,337 |
| | <u> </u> | | | * Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment. | | <u></u> | <u></u> | |

| Provider | | | | | Provider Number | No. of Adj. | 1 | Period Ended |
|----------------------------|---|-------------|-----------|--|-----------------|---------------------------------------|---|---|
| | PLACER COL | JNTY | | | 00031 | 65 | June | 30, 2005 |
| | Report Refe | rence | | | | As Reported | Increase (Decrease) | As Adjusted |
| Adj. No. | Form/ Sch. | Line | Col. | EXPLANATION OF AUDIT ADJUSTN | IENIS | Reported | (Decrease) | Aujusteu |
| 149. | | | | ADJUSTMENTS TO ALLOCATION OF COS | <u>sts</u> | - , | | |
| 18 19 20 21 22 | MH1966A MH1966A MH1966A MH1966A MH1966A | 4 4 4 4 | B C D E F | FFS PSYCHIATRIST 15-30 FFS PSYCHIATRIST 15-60 FFS PSYCHOLOGIST 15-11/31 FFS LCSW 15-12/32 FFS MFCC 15-13/33 To adjust the cost per unit for Fee for Service expenditures to ag with contracted rates. CMS PUB 15-1 SEC. 2304 | | \$ 0 0 0 0 0 | \$ 0.83 1.17 0.83 0.83 0.83 | \$ 0.83 1.17 0.83 0.83 0.83 |
| 23 24 25 Info. | MH1966A MH1966A MH1966A | 2 2 2 | B C D | ADJUSTMENTS TO REPORTED TOTAL UNITS MODE 15-10 FFS TOTAL UNITS MODE 15-30 FFS TOTAL UNITS MODE 15-60 FFS TOTAL . | <u>NITS</u> | 68,655 553,885 7,875 630,415 | (68,655) (553,885) (7,875) | 0 0 0 630,415 * |
| | | | | To eliminate the reported Fee For Service (FFS) as these units we not broken down by each provider discipline. Units will be redistreafter adjustments to FFS units by discipline to agree with County CMS PUB. 15-1 SEC. 2304 | ibuted | | | |
| 26 | MH1966A | 2 | | TOTAL UNIT FFS To increase FFS total units to agree with contracted rates. | ** | 630,415 | 72,059 | 702,474 * |
| | | | | * Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment. | | | | |

| Provide | | | | | Provider Number | No. of Adj. | Fiscal P | eriod Ended |
|-------------------------------------|---|----------------------------|-----------------------|---|-----------------|-----------------------------------|--|--|
| | PLACER COL | JNTY | | | 00031 | 65 | June | 30, 2005 |
| | Report Refe | rence | | | | As | Increase | As |
| Adj. No | Form/ Sch. | Line | Col. | EXPLANATION OF AUDIT ADJUSTN | MENTS | Reported | (Decrease) | Adjusted |
| | | | | ADJUSTMENTS TO REPORTED TOTAL UI | <u>vits</u> | | | |
| 27 28 29 30 31 Info. | MH1966A MH1966A MH1966A MH1966A MH1966A | 2 2 2 2 2 2 | B C D E F | ## MODE SF FFS PSYCHIATRIST 15-30 FFS PSYCHIATRIST 15-60 FFS PSYCHOLOGIST 15-11/31 FFS LCSW 15-12/32 FFS MFCC 15-13/33 TOTAL | | 0 0 0 0 0 702,474 | 4,011 18,482 53,005 246,551 380,425 702,474 | 4,011 18,482 53,005 246,551 380,425 702,474 |
| | | | | To reallocate Fee for Service total units to each provider disciplir service function code to agree with County records. | e and | | | |
| | | | | CMS PUB 15-1 SEC. 2304 ADJUSTMENTS TO REPORTED SD/MC UNITS - | COUNTY | | • | |
| 32 33 Info. | MH1966A MH1966A | 8 8A | | TOTAL MEDI-CAL PLUS MEDI/MEDI UNITS 50.00% TOTAL MEDI-CAL MEDI/MEDI UNITS 50.00% TOTAL | | 578,095 1,723,466 2,301,561 | (11,044) (20,411) (31,455) | 567,051 * 1,703,055 * 2,270,106 * |
| | | | | To adjust the above mentioned settled units of service/time for th Operated facilities to agree with the State DMH Approved Claims dated March 16, 2009. The auditor submitted work papers to Co Provider which shows the detail of the above adjustments. | Report | · | | |
| 34 35 Info. | MH1966A MH1966A | 8 8A | | TOTAL MEDI-CAL PLUS MEDI/MEDI UNITS 50.00% TOTAL MEDI-CAL MEDI/MEDI UNITS 50.00% TOTAL | ** | 567,051 1,703,055 2,270,106 | (20,749) (36,647) (57,396) | 546,302 * 1,666,408 * 2,212,710 * |
| | | | | To adjust State DMH Approved Claims Report dated March 16, 2 the result of the EPSDT audit findings. This audit was conducted DMH Oversight Branch. | | | | |
| | | | | * Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment. | | | | |

| Provider | PLACER COL | INITY | | F | Provider Number 00031 | No. of Adj. 65 | | eriod Ended 30, 2005 |
|-------------------|--------------------|---------|-------------|---|-----------------------|-----------------------------------|----------------------------------|---|
| | Report Refe | | | | 00031 | | | |
| Adj. No. | Form/ Sch. | Line | Col. | EXPLANATION OF AUDIT ADJUSTMENT | s | As Reported | Increase (Decrease) | As Adjusted |
| 36 37 Info. | MH1966A MH1966A | 8 8A | | ADJUSTMENTS TO REPORTED SD/MC UNITS - COULTOTAL MEDI-CAL PLUS MEDI/MEDI UNITS 50.00% TOTAL MEDI-CAL MEDI/MEDI UNITS 50.00% TOTAL To adjust the SD/MC units of service/time to agree with the County's re and supporting documents. The auditor submitted work paper to the C contract provider which shows the details of the above adjustments. | ** ** ** cords | 546,302 1,666,408 2,212,710 | 15,705 26,844 42,549 | 562,007 * 1,693,252 * 2,255,259 * |
| 38 39 Info. | MH1966A MH1966A | 8 8A | | TOTAL MEDI-CAL PLUS MEDI/MEDI UNITS 50.00% TOTAL MEDI-CAL MEDI/MEDI UNITS 50.00% TOTAL To adjust the County's records to incorporate the results of the EPSDT findings. The audit was conducted by the State DMH Oversight Branch | | 562,007 1,693,252 2,255,259 | (20,749) (36,647) (57,396) | 541,258 * 1,656,605 * 2,197,863 * |
| 40 41 Info. | MH1966A MH1966A | 8 8A | | TOTAL MEDI-CAL PLUS MEDI/MEDI UNITS 50.00% TOTAL MEDI-CAL MEDI/MEDI UNITS 50.00% TOTAL To adjust the SD/MC units of service/time to incorporate the controls of the lower DMH approved units vs The County's records by Service The auditor submitted work papers to the County and the Contract Prov | | 541,258 1,656,605 2,197,863 | 0 (120) (120) | 541,258 * 1,656,485 * 2,197,743 * |
| 42 43 Info. | MH1966A MH1966A | 8 8A | | shows details of the above adjustments. TOTAL MEDI-CAL PLUS MEDI/MEDI UNITS 50.00% TOTAL MEDI-CAL MEDI/MEDI UNITS 50.00% TOTAL To adjust SD/MC units of time to identify Medicare crossover units. | ** ** ** | 541,258 1,656,485 2,197,743 | (6,342) (19,531) (25,873) | 534,916 1,636,954 2,171,870 |
| | | | | * Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment. | | | | |

| Provider | PLACER COL | UNTY | | | Provider Number 00031 | No. of Adj. 65 | | eriod Ended 30, 2005 |
|----------------------|--------------------|-----------|------|---|--------------------------|-------------------------------|---------------------------|-------------------------------|
| | Report Refe | | | | | | Increase | As |
| Adj. No. | Form/ Sch. | Line | Col. | EXPLANATION OF AUDIT ADJUSTN | IENTS | Reported | (Decrease) | Adjusted |
| | | | , | ADJUSTMENTS TO REPORTED SD/MC UNITS - | COUNTY | | | |
| 44 45 Info. | MH1966A MH1966A | 10 10A | | TOTAL ENHANCE UNITS TOTAL ENHANCE UNITS TOTAL | 0 0 | 4,844 12,201 17,045 | 4,844 12,201 17,045 | |
| | | | | To adjust Enhance units of time to agree with the Department of Approved claims report dated March 16, 2009 or the County reconstruction ADJUSTMENTS TO REPORTED UNITS - CONTRACT | ords. | | | |
| Info. 46 Info. | MH1966A MH1966A | 8 8A | | TOTAL MEDI-CAL UNITS 50.00% TOTAL MEDI-CAL UNITS 50.00% TOTAL | | 101,113 364,989 466,102 | 0 (2,674) (2,674) | 101,113 * 362,315 * 463,428 * |
| | | | | To adjust the above mentioned settled units of service/time for th Operated facilities to agree with the State DMH Approved Claims dated March 16, 2009. The auditor submitted work paper to Cou Provider which shows the detail of the above adjustments. | Report | | | |
| 47 48 Info. | MH1966A MH1966A | 8 8A | | TOTAL MEDI-CAL UNITS 50.00% TOTAL MEDI-CAL UNITS 50.00% TOTAL | *** *** | 101,113 362,315 463,428 | (246) (542) (788) | 100,867 * 361,773 * 462,640 * |
| | | | | To adjust the SD/MC units of service/time to agree with the Cour and supporting documents. The auditor submitted work paper to contract provider which shows the details of the above adjustment Approved claims report dated March 16, 2009 or the County reco | the County and ets. | | | |
| Info. | | | | | | | | |
| | | | | * Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment. | | | | |

| Provide | r PLACER COI | UNTY | | | Provider Number 00031 | No. of Adj. 65 | | Period Ended e 30, 2005 |
|----------------------|--------------------|-------------|----------|---|--------------------------|---|--------------------------------------|---|
| | Report Refe | | | | | As | Increase | As |
| Adj. No. | Form/ Sch. | Line | Col. | EXPLANATION OF AUDIT ADJUSTN | IENTS | Reported | (Decrease) | Adjusted |
| | | | | ADJUSTMENTS TO REPORTED UNITS - CONTRACT | PROVIDERS | | | |
| Info. 49 Info. | MH1966A MH1966A | 8 8A | | TOTAL MEDI-CAL UNITS 50.00% TOTAL MEDI-CAL UNITS 50.00% TOTAL | ** | 100,867 361,773 462,640 | 0 (54) (54) | 100,867 <u>361,719</u> <u>462,586</u> |
| | | | | To adjust contract provider's units of time to the lesser of the Dep Health Approved claims report dated March 16, 2009 or the Cour | | | | |
| | | | | ADJUSTMENTS TO REPORTED SHORT-DOYLE / MEDI-CAL SETTLEMEN | <u>ıT</u> | | | |
| 50 51 | MH 1979 Sch. 3b | 21 Total | J 24 | TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY TOTAL SD/MC REIMBURSEMENT - CONTRACT PROVIDERS TOTAL | | \$ 4,956,397 1,607,405 \$ 6,563,802 | \$ (105,450) 9,942 \$ (95,508) | \$ 4,850,947 1,617,347 \$ 6,468,294 |
| | | | | To adjust Total SD/MC Reimbursement (FFP) due to the adjustm reported costs and units for the County and Contract Providers. | ents to | | | |
| 53 | Sch. 4 | | | EPSDT - SGF | | \$ 1,499,570 | \$ (25,180) | \$ 1,474,390 |
| | | | | To adjust the final settlement under EPSDT program to reflect the made to costs and units of service/time. | e adjustments | | | |
| | | | | ADJUSTMENTS TO AS SETTLED EPSDT STATE GEN | ERAL FUNDS | | | |
| 54 | Sch. 4 | 1 | 3 | SD/MC ACTUALS | | \$ 11,147,540 | \$ (214,834) | \$ 10,932,706 |
| | | | | To adjust SD/MC actuals as a result of adjustments to total compi as reflected in the MH 1979 forms for both the County Program at providers. The amount utilized for this purpose was SD/MC and E outpatient services only. | nd its contract | | | |
| | | i | <u> </u> | * Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment. | | <u> </u> | | |

| Provider | | | | | Provider Number | 7 | No. of Adj. | 7 | Fiscal | Period | l Ended |
|-------------|------------------|--------|--------|--|-----------------------------|--------------------|-------------------------|----------|------------------------|----------|-----------------------------|
| | PLACER CO | UNTY | | | 00031 | _l_ | 65 | | Jun | e 30, : | 2005 |
| L | Report Ref | erence | | | | | As | | Increase | | As |
| Adj. No. | Form/ Sch. | Line | Col. | EXPLANATION OF AUDIT ADJUSTN | MENTS | | Reported | | (Decrease) | | Adjusted |
| | | | | ADJUSTMENTS TO AS SETTLED EPSDT STATE GE | NERAL FUNDS | | | | | | |
| 55 56 | Sch. 4 Sch. 4 | 2 4 | 3 3 | TOTAL SD/MC CLAIMS EPSDT CLAIMS | PSDT CLAIMS | | | | (133,752) (133,752) | \$ \$ | 11,803,866 |
| | | | | To adjust total SD/MC claims and EPSDT claims to include the Department's audit of the EPSDT Program conducted by the Sta of Mental Health as reflected in the report dated March 3, 2009. covered the period from June 1, 2004 through June 30, 2005 The the original recoupment. | te Department The Report | | | | | | |
| 57 58 | Sch. 4 Sch. 4 | 2 4 | 3 3 | TOTAL SD/MC CLAIMS ** EPSDT CLAIMS ** | | 1.0 | 11,803,866 4,147,663 | \$ \$ | 133,752 133,752 | \$ \$ | 11,937,618 * 4,281,415 * |
| | | | | To adjust total SD/MC claims and EPSDT claims to reverse the included in adjustments 55 and 56 above. The revised findings a Claims and EPSDT Claims" will be taken in adjustment 59 and 6 | affecting "Total SD/MC | | | | | | |
| 59 60 | Sch. 4 Sch. 4 | 2 4 | 3 3 | TOTAL SD/MC CLAIMS EPSDT CLAIMS | | ** \$ ** \$ | 11,937,618 4,281,415 | \$ \$ | (97,359) (97,359) | \$ \$ | 11,840,259 4,184,056 |
| | | | | To adjust total SD/MC claims and EPSDT claims to include the r Department's audit of the EPSDT Program conducted by the Stat of Mental Health as reflected in the report dated March 3, 2008, covered the period from June 1, 2004 through June 30, 2005 Th the original recoupment. | te Department The Report | | | | | | |
| 61 | Sch. 4 | 10 | 3 | NET COST SETTLEMENT AMOUNT | - | \$ | 1,534,882 | \$ | (60,492) | \$ | 1,474,390 |
| | | | | To adjust net cost settlement amount as a result of adjustments to (Total Computable Medical), total SD/MC claims and EPSDT claims | | | | | | | |
| | | | | * Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment. | | | | | | | |

| Provider | | | | | Provider Number | No. of Adj. | i | Period Ended |
|-------------|---------------|-------------|------|---|---|--------------|-------------|----------------|
| L | PLACER CO | UNTY | | | 00031 | 65 | June | 30, 2005 |
| | Report Refe | erence | | | | | Increase | As Adjusted |
| Adj. No. | Form/ Sch. | Line | Col. | EXPLANATION OF AUDIT ADJUSTN | IENIS | Reported | (Decrease) | Adjusted |
| 62 | Sch. 4 | 11 | 3 | ADJUSTMENTS TO AS SETTLED EPSDT STATE GEI | ADJUSTMENTS TO AS SETTLED EPSDT STATE GENERAL FUNDS STATE GENERAL FUND DISTRIBUTION | | | |
| | | | | To adjust State General Fund Distribution to include the results of audit of the EPSDT Program conducted by the State Department reflected in the report dated March 3, 2009. The Report covered June 1, 2004 through June 30, 2005. This represents the SGF of | | | | |
| 63 | Sch. 4 | 11 | 3 | STATE GENERAL FUND DISTRIBUTION To adjust State General Fund Distribution to reverse the original included in adjustment 62 above. The revised findings affecting Distribution" will be taken in adjustment 64 below. | ** SGF recoupment "State General Fund | \$ 1,487,654 | \$ 47,228 | \$ 1,534,882 * |
| 64 | Sch. 4 | 11 | 3 | STATE GENERAL FUND DISTRIBUTION To adjust State General Fund Distribution to reflect the results of findings included in the final reported dated March 3, 2009. | the revised EPSDT | \$ 1,534,882 | \$ (35,312) | \$ 1,499,570 * |
| 65 | Sch. 4 | | 3 | STATE GENERAL FUND DISTRIBUTION To adjust audited State general Funds to agree with adjustments | | \$ 1,499,570 | \$ (25,180) | \$ 1,474,390 |
| | | | | Adj. 61 Adj. 64 Amount Due State | (\$60,492) \$35,312 (\$25,180) | | | |
| | | | | * Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment. | | | | |

DETAIL COST REPORT

CALCULATION OF PROGRAM COSTS

MH 1960 (Rev. 7/05) FISCAL YEAR 2004 - 2005

County: PLACER COUNTY

County Code: 31

| Legal Entity: PLACER COUNTY | A | В | С |
|--|--------------|-------------|-------------|
| Legal Entity Number: 00031 | Salaries | | Total |
| | and Benefits | Other | Costs |
| 1 Mental Health Expenditures | 13,939,595 | 9,420,077 | 23,359,672 |
| 2 Encumbrances | | | |
| 3 Less: Payments to Contract Providers (County O | | (4,833,896) | (4,833,896) |
| 4 Other Adjustments from MH 1962 | (253,387) | (335,464) | (588,851) |
| 5 Total Costs Before Medi-Cal Adjustments | 13,686,208 | 4,250,717 | 17,936,925 |
| 6 Medi-Cal Adjustments from MH 1961 | | | |
| 7 Managed Care Consolidation (County Only) | | | |
| 8 Allowable Costs for Allocation | | | 17,936,925 |
| Administrative Costs (County Only) | | | |
| 9 SD/MC Administration | | | 1,816,359 |
| 10 Healthy Families Administration | | | |
| 11 Non-SD/MC Administration | | | 1,079,327 |
| 12 Total Administrative Costs | | | 2,895,686 |
| | | | |
| Utilization Review Costs (County Only) | | | |
| 13 Skilled Professional Medical Personnel | | | 125,297 |
| 14 Other SD/MC Utilization Review | | | 126,828 |
| 15 Non-SD/MC Utilization Review | | | 118,537 |
| 16 Total Utilization Review Costs | | | 370,662 |
| | | | |
| 17 Research and Evaluation (County Only) | | | |
| <u></u> | | | |
| 18 Mode Costs (Direct Service and MAA) | | | 14,670,577 |
| | | | 47,000,005 |
| 19 Total Costs - Lines 9 through 18 | | | 17,936,925 |

DETAIL COST REPORT

OTHER ADJUSTMENTS

MH 1962 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: PLACER COUNTY
County Code: 31

| Legal Entity: PLACER COUNTY | Α | В | С |
|-------------------------------|--------------|-----------|-------------|
| Legal Entity Number: 00031 | Salaries | | Total |
| | and Benefits | Other | Adjustments |
| 1 MH Services Act | (30,000) | (54,496) | (84,496) |
| 2 Psychiatric Health Facility | (223,387) | (280,968) | (504,355) |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| [10] | | | |
| [11] | | | |
| 12 | | · | |
| 13 | | | |
| 14 | | | |
| 15 | | | |
| 16 | | | |
| 17 | | | |
| 18 | | | |
| 19 | | | |
| 20 Total Adjustments | (253,387) | (335,464) | (588,851) |

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

ALLOCATION OF COSTS TO MODES OF SERVICE

MH 1964 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: PLACER COUNTY County Code: 31

| | Legal Entity: PLACER COUNTY | A |
|----|---|------------|
| Le | gal Entity Number: 00031 | Total |
| | | Costs |
| 1 | Mode Costs (Direct Service and MAA) from MH 1960 | 14,670,577 |
| | Modes | |
| 2 | Hospital Inpatient Services (Mode 05-SFC 10-19) | |
| 3 | Other 24 Hour Services (Mode 05-All Other SFC) | 1,465,215 |
| 4 | Day Services (Mode 10) | 2,946,653 |
| 5 | Outpatient Services (Mode 15 Program 1 + Program 2) | 9,116,221 |
| 6 | Outreach Services (Mode 45) | 515,876 |
| 7 | Medi-Cal Administrative Activities (Mode 55) | |
| 8 | Support Services (Mode 60) | 626,612 |
| 9 | Total - Lines 2 through 8 | 14,670,577 |

Crosscheck OK DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

PAGE 1 OF 1 FISCAL YEAR 2004 - 2005

County: PLACER COUNTY

County Code: 31

| _ | | | | CR | | | | | |
|----------|---|--|--|---------------------------|--|------------------------|---------------------------|---|--|
| | | | Α | В | C | D | E | F | G |
| Le | Mode: 05 - Other 24 Hour Services (All Other SFC) | | l | Service | Service | Service | Service | Service | Service |
| L_ | Legal Entity: PLACER COUNTY Il Entity Number: 00031 Mode: 05 - Other 24 Hour Services (All Other SFC) Mode: 05 - Other 24 Hour Services (All Other SFC) | | Mode Total | Function | <u>Function</u> | Function | Function | Function | Function |
| <u> </u> | | | | 65 | | | | <u></u> | L |
| 1 | | | 100.00% | 100.00% | <u> </u> | L | | ļ | |
| 2 | | | | 8,990 | | | | | |
| 3 | Gross Cost | | 1,465,215 | 1,465,215 | *.*.*. | | | L | <u> </u> |
| 4 | Cost per Unit | | | 162.98 | | | | 1 | 1 |
| 5 | SMA per Unit | | | 138.94 | | | | 1 | ! |
| 6 | Published Charge per Unit | | | 138.00 | | | | | |
| 7 | Negotiated Rate / Cost per Unit | | | | | | | | |
| 8 | <u> </u> | 07/04/04 00/20/04 | | 1,708 | <u> </u> | ******************** | <u>aragarang aranahan</u> | <u>, , , , , , , , , , , , , , , , , , , </u> | **** <u>*</u> ********* |
| 8A | Medi-Cal Units | | | 5,695 | | | | | |
| | | | | 5,090 | | | | | |
| 9 9A | Medicare/Medi-Cal Crossover Units | | | | | | | | |
| | | | | | | | | | |
| 10 | Enhanced SD/MC (Children) Units | | | | | | - | | ļ |
| 10A | | | | | | | | | |
| 10B | Ennanced SD/MC (Refugees) Units | | | | | | | | |
| 11 | Healthy Families (SED) Units | | | | | | | | |
| 11A | | 110/01/04 - 06/30/05 | | | | | | | |
| 12 | INOn-Medi-Cal Units | 434343434343434344444444 | | 1,587 | <u> </u> | | and and an arranged | | |
| 13 | Madi Cal Casta | 07/01/04 - 09/30/04 | 278,375 | 278,375 | | | | | |
| 13A | Medi-Cat Costs | 10/01/04 - 06/30/05 | 928,187 | 928,187 | | | | | |
| 14 | Madi Cal CMA Una and Calin | 07/01/04 - 09/30/04 | 237,310 | 237,310 | | | | | l |
| 14A | medi-Cai SMA Upper Limits | 10/01/04 - 06/30/05 | 791,263 | 791,263 | | | | | |
| 15 | M. E. O. I. D. L. B. L. J. Charge | 07/01/04 - 09/30/04 | 235,698 | 235,698 | i | | | | |
| 15A | medi-Cai Published Charges | 10/01/04 - 06/30/05 | 785,889 | 785,889 | | | | | |
| 16 | | 07/01/04 - 09/30/04 | 100,000 | 1,00,000 | | | | | |
| 16A | Medi-Cal Negotiated Rates | 10/01/04 - 06/30/05 | | | | | | | |
| | | and the second second second second second | <u> </u> | ni anananina | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | <u> </u> | <u>=338444-,4-</u> 334 | -,- <u>,-10</u> ,-11-1-11-1 | *************************************** |
| 17 | Medicare/Medi-Cal Crossover Costs | | | | | | | ļ | |
| 17A | | | | | | | | | L |
| 18 | Medicare/Medi-Cal Crossover SMA Upper Limits | | L———— | | i | | | | |
| 18A | | 10/01/04 - 06/30/05 | | | | | | | |
| 19 | Medicare/Medi-Cal Crossover Published Charges | 07/01/04 - 09/30/04 | L | | | | | | |
| 19A | | | L | | | | | <u> </u> | |
| 20 | Medicare/Medi-Cal Crossover Negotiated Rates | 07/01/04 - 09/30/04 | ļ] | | | | | | |
| 20A | | 10/01/04 - 06/30/05 | | | | | | | |
| 21 | | 07/01/04 - 09/30/04 | | | *.*. 4. 4. 4. 4. 2 4 4 4 4 4 4 4 4 4 4 4 4 | | | | |
| 21A | Enhanced SD/MC Costs | 10/01/04 - 06/30/05 | | | | | | | |
| 22 | | 07/01/04 - 09/30/04 | | | | | | | |
| 22A | Enhanced SD/MC SMA Upper Limits | 10/01/04 - 06/30/05 | | | i | | | | |
| 23 | | | | | | | | | |
| 23A | Enhanced SD/MC Published Charges | | - | | | | | | |
| 24 | | | | | | | | | |
| 24A | Enhanced SD/MC Negotiated Rates | | | | + | | | | |
| | | | *********** | Service of the service of | | . copi copi | | | nakannak |
| | Enhanced SD/MC (Refugees) Costs | 07/01/04 - 06/30/05 | | | | | | | J |
| | Enhanced SD/MC (Refugees) SMA Upper Limits | 07/01/04 - 06/30/05 | | | | | | | |
| | | 07/01/04 - 06/30/05 | | | | | | |] |
| 28 | Enhanced SD/MC (Refugees) Negotiated Rates | 07/01/04 - 06/30/05 | | T | | | | | |
| 29 | | 07/01/04 - 00/30/04 | 1, | | <u> </u> | 1 | | | <u> </u> |
| 29A | Healthy Families Costs | 10/01/04 - 06/30/05 | | + | | | | - | |
| 30 | | 07/01/04 - 09/30/04 | | | | | | | |
| 30A | Healthy Families SMA Upper Limits | | ├ ──┼ | + | | | | | |
| | | 10/01/04 - 06/30/05 07/01/04 - 09/30/04 | + | \longrightarrow | | | | | |
| 31 | Healthy Families Published Charges | | | + | | | | ——— <u> </u> | |
| 31A | | 10/01/04 - 06/30/05 | | | | | | | |
| 32 | Healthy Families Negotiated Rates | 07/01/04 - 09/30/04 10/01/04 - 06/30/05 | | | | + | ——— } | | |
| 32A | | 10/01/04 - 06/30/05 | and the state of the | and the same a | 10.000.000.000.000 | 1. 12 Cart 1 (1) (1) | <u> </u> | 101-101-101-101-101-101-101-101-101-101 | <u> </u> |
| 33 | Non-Medi-Cal Costs | | 258,654 | 258,654 | | | | | |
| | | | | | | | | | |

CR

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

PAGE 1 OF 1 FISCAL YEAR 2004 - 2005

County: PLACER COUNTY
County Code: 31

| | County: PLACER COUNTY County Code: 31 | | | CR | CR | | | | |
|-------------------------------------|--|--|--|--|---|--|--|-----------------------|---|
| | Legal Entity: PLACER COUNTY | A | В | С | D | E | F | G | |
| Leg | gal Entity Number: 00031 | | | Service | Service | Service | Service | Service | Service |
| | Mode: 10 - Day Services | | Mode Total | Function | Function | Function | Function | Function | Function |
| - | (All of B | | 100 000 | 85 | 95 | | | ļ | _ |
| | Allocation Percentage Total Units | | 100.00% | 20.93% | 79.07% | | | | |
| 3 | Gross Cost | | 2.946.653 | 2,777 616,819 | 16,179 2,329,834 | - | | | |
| <u> </u> | | <u>, en </u> | 2,540,033 | etetaketeteteketekete | *********** | <u> </u> | and and a | and the second | <u> </u> |
| 4 | Cast per Unit | | | 222.12 | 144.00 | L | | ļ | |
| | SMA per Unit Published Charge per Unit | | | 189,33 188,07 | 122.75 | <u> </u> | <u> </u> | | ļ |
| | Negotiated Rate / Cost per Unit | | | 100.07 | 121.93 | | | | |
| | Negotiated Nate / Cost per Onit | garang <u>an</u> satungan sa <u>n</u> ga | | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | *********** | ************ | | | <u></u> |
| 8 | Medi-Cal Units | 07/01/04 - 09/30/04 | | 292 | 2,997 | | | <u> </u> | L |
| A8 | | 10/01/04 - 06/30/05 | | 884 | 9,526 | | <u> </u> | <u> </u> | |
| 9 | Medicare/Medi-Cal Crossover Units | 07/01/04 - 09/30/04 | | | | | | <u> </u> | |
| 9A | | 10/01/04 - 06/30/05 | | | | | | | ļ |
| 10 | Enhanced SD/MC (Children) Units | 07/01/04 - 09/30/04 | | | <u> </u> | | | <u> </u> | |
| 10A | Enhanced SD/MC (Refusees) Units | 10/01/04 - 06/30/05 | | <u> </u> | <u> </u> | | | | |
| $\overline{}$ | Enhanced SD/MC (Refugees) Units | 07/01/04 - 06/30/05 07/01/04 - 09/30/04 | 1 | | - | | | | |
| 11 11A | Healthy Families (SED) Units | 10/01/04 - 06/30/05 | | | | | | | |
| | Non-Medi-Cal Units | 110/01/04 - 00/30/05 | | 1,601 | 3,656 | | | 1 | |
| 2.14 | HOLEHOUP OF CHICA | <u>programme</u> processing as | | eteristrateristrateri | T-12121-1-111-1-11 | | and in the second | AND DESCRIPTIONS | 200000000 |
| 13 | Medi-Cal Costs | 07/01/04 - 09/30/04 | 496,437 | 64,858 | 431,579 | | ļ | | ļ |
| 13A | | 10/01/04 - 06/30/05 | 1,568,130 | 196,351 | 1,371,778 | | | | |
| 14 | Medi-Cal SMA Upper Limits | 07/01/04 - 09/30/04 | 423,166 | 55,284 | 367,882 | | _ | | <u> </u> |
| 14A | —————————————————————————————————————— | 10/01/04 - 06/30/05 | 1,336,684 | 167,368 | 1,169,317 | | | | L |
| 15 | Medi-Cal Published Charges | 07/01/04 - 09/30/04 | 420,341 | 54,917 | 365,424 | | ļ | | Í |
| 15A | | 10/01/04 - 06/30/05 | 1,327,761 | 166,256 | 1,161,505 | | | | |
| 16 | Medi-Cal Negotiated Rates | 07/01/04 - 09/30/04 | | | | _ | ļ | | |
| 16A | | 10/01/04 - 06/30/05 | 100000000000000000000000000000000000000 | कारमञ्जयसम्ब | | , e. e. e. <u>e. 222</u> e. e. <u>e</u> . 2723 | 100000000000000000000000000000000000000 | Establish (Establish) | ********************* |
| 17 | Medicare/Medi-Cal Crossover Costs | 07/01/04 - 09/30/04 | | | | | | | |
| 17A | | 10/01/04 - 06/30/05 | | | | | | | |
| 18 | Medicare/Medi-Cal Crossover SMA Upper Limits | 07/01/04 - 09/30/04 | | | | <u> </u> | | <u> </u> | |
| 18A | | 10/01/04 - 06/30/05 | - | | | | L | | |
| 19 | Medicare/Medi-Cal Crossover Published Charges | 07/01/04 - 09/30/04 | | | | | <u> </u> | | |
| 19A | | 10/01/04 - 06/30/05 | | | | | | | |
| 20 | Medicare/Medi-Cal Crossover Negotiated Rates | 07/01/04 - 09/30/04 | | | | | | | |
| 20A | | 10/01/04 - 06/30/05 | | *************************************** | ************************************** | सनसम्बद्धाः सम्बद्धाः | 200-000-00-00-00-00-00-00-00-00-00-00-00 | | |
| 21 | Enhanced SD/MC Costs | 07/01/04 - 09/30/04 | | | | | | | |
| 21A | Ellianced 3D/MC Costs | 10/01/04 - 06/30/05 | | | | | | | |
| 22 | Enhanced SD/MC SMA Upper Limits | 07/01/04 - 09/30/04 | | | | | | | |
| 22A | | 10/01/04 - 06/30/05 | | | | | | | |
| 23 | Enhanced SD/MC Published Charges | 07/01/04 - 09/30/04 | L | | | | | | |
| 23A | | 10/01/04 - 06/30/05 | | | | | | | |
| 24 | Enhanced SD/MC Negotiated Rates | 07/01/04 - 09/30/04 | | | | | <u> </u> | | |
| 24A | | 10/01/04 - 06/30/05 | | | *************************************** | 4 5 00 | | | |
| 25 | Enhanced SD/MC (Refugees) Costs | 07/01/04 - 06/30/05 | | | | | | | |
| 26 | Enhanced SD/MC (Refugees) SMA Upper Limits | 07/01/04 - 06/30/05 | | | | | | | |
| | Enhanced SD/MC (Refugees) Published Charges | 07/01/04 - 06/30/05 | | | | | | | |
| 28 | Enhanced SD/MC (Refugees) Negotiated Rates | 07/01/04 - 06/30/05 | | | | | | | |
| | | 07/01/04 - 09/30/04 | 1.000 | <u></u> | | <u>na paramatan ing paramatan </u> | | | reneral de <u>neneral</u> |
| 20 | | 10/01/04 - 06/30/05 | | | | | | | |
| 29 | Healthy Families Costs | | | | | | | | |
| 29 29A | ` | | | j. | | | | | |
| 29 29A 30 | Healthy Families Costs Healthy Families SMA Upper Limits | 07/01/04 - 09/30/04 | | | | | | | |
| 29 29A 30 30A | Healthy Families SMA Upper Limits | 07/01/04 - 09/30/04 10/01/04 - 06/30/05 | | | | | | | |
| 29 29A 30 30A | ` | 07/01/04 - 09/30/04 10/01/04 - 06/30/05 07/01/04 - 09/30/04 | | | | | | | |
| 29 29A 30 30A 31 31A | Healthy Families SMA Upper Limits Healthy Families Published Charges | 07/01/04 - 09/30/04 10/01/04 - 06/30/05 | | | | | | | |
| 29 29A 30 30A 31 31A | Healthy Families SMA Upper Limits | 07/01/04 - 09/30/04 10/01/04 - 06/30/05 07/01/04 - 09/30/04 10/01/04 - 06/30/05 | | | | | | | |

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

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33 Non-Medi-Cal Costs

PAGE 1 OF 1 FISCAL YEAR 2004 - 2005

| | County: PLACER COUNTY County Code: 31 | | CR | CR | CR | CR | | | |
|-----------|--|---------------------------------------|--|---------------------------|------------------------|----------------------------|----------------------|---------------------------------------|---|
| _ | Legal Entity: PLACER COUNTY | | Α | В | C | D | E | F | G |
| Leg | gal Entity Number: 00031 | AS | | Service | Service | Service | Service | Service | Service |
| _ | Mode: 15 - Outpatient Services (Progra | am 1) | Mode Total | Function | Function | Function | Function | Function | Function |
| _ | Allegation Description | | 400.0004 | 01 | 10 | 60 | 70 | | |
| 1_ | Allocation Percentage Total Units | | 100.00% | 7.93% | 63.13% | 25.21% | 3.74% | _ | <u> </u> |
| <u>2</u> | Gross Cost | | 8,525,324 | 304,396 675,864 | 1,890,792 5,381,749 | 405,305 2,149,270 | 74,483 318,441 | | |
| <u></u> | | <u>(ang pagangangangang</u> | 0,323,324 | | ********** | <u>Paragraphical Salar</u> | | elejatarena eta eta egipta | 1212 |
| 4 | Cost per Unit | | | 2.22 | 2.85 | 5.30 | 4.28 | | |
| 5 | SMA per Unit | | | 1.89 | 2.44 | 4.51 | 3.63 | | |
| 6 | Published Charge per Unit Negotiated Rate / Cost per Unit | | | 1.88 | 2.41 | 4.49 | 3.62 | | |
| <i>!</i> | rvegosated Rate / Cost per Orin | Garage <u>Garage (a.)</u> | | | | | **** <u>***</u> **** | . * . * . * . * . * . * . * . * . * . | 1 |
| 8 | Medi-Cal Units | 07/01/04 - 09/30/04 | | 55,285 | 252,195 | 69,831 | 17,364 | | |
| 8A | Wiedi-Cai Offits | 10/01/04 - 06/30/05 | | 183,523 | 773,583 | 209,635 | 40,784 | |] |
| 9 | Medicare/Medi-Cal Crossover Units | 07/01/04 - 09/30/04 | | | | 6,342 | | | |
| 9A_ | modes of Notes On Constitution of the Constitu | 10/01/04 - 06/30/05 | | | | 19,531 | | | |
| 10 | Enhanced SD/MC (Children) Units | 07/01/04 - 09/30/04 | | 85 | 3,094 | 105 | | | |
| 10A | | 10/01/04 - 06/30/05 | | 393 | 5,508 | 300 | | | |
| | Enhanced SD/MC (Refugees) Units | 07/01/04 - 06/30 <u>/0</u> 5 | | | | | | | |
| 11 | Healthy Families (SED) Units | 07/01/04 - 09/30/04 | | | | | | | |
| 11A | | 10/01/04 - 06/30/05 | | | | | | | |
| 12 | Non-Medi-Cal Units | · · · · · · · · · · · · · · · · · · · | | 65,110 | 856,412 | 99,561 | 16,335 | | |
| 13 | <u>i kana ja ja ja ja ja ja na kana ja ja</u> | 07/01/04 - 09/30/04 | 1,285,113 | 122,752 | 717,821 | 370,303 | 74,237 | **************** | |
| 13A | Medi-Cal Costs | 10/01/04 - 06/30/05 | 3,895,357 | 407,484 | 2,201,844 | 1,111,662 | 174,366 | | |
| 14 | | 07/01/04 - 09/30/04 | 1,097,814 | 104,489 | 615,356 | 314,938 | 63,031 | | |
| 14A | Medi-Cal SMA Upper Limits | 10/01/04 - 06/30/05 | 3,327,901 | 346,858 | 1,887,543 | 945,454 | 148,046 | | |
| 15 | | 07/01/04 - 09/30/04 | 1,086,763 | 103,798 | 606,832 | 313,276 | 62,858 | | |
| 5A | Medi-Cal Published Charges | 10/01/04 - 06/30/05 | 3,294,062 | 344,564 | 1,861,395 | 940,465 | 147,638 | | |
| 16 | | 07/01/04 - 09/30/04 | | | | | | | |
| 16A | Medi-Cal Negotiated Rates | 10/01/04 - 06/30/05 | | | | | | | |
| 17 | | 07/01/04 - 09/30/04 | 33,631 | and the second section of | | 33,631 | | <u> Proposition profito</u> | *************************************** |
| 17 17A | Medicare/Medi-Cal Crossover Costs | 10/01/04 - 09/30/04 | | | | | | | |
| 18 | | 07/01/04 - 09/30/04 | 103,570 28,602 | | | 103,570 28,602 | | | _ |
| 18A | Medicare/Medi-Cal Crossover SMA Upper Limits | 10/01/04 - 06/30/05 | 88,085 | | | 88,085 | | | ļ |
| 19 | | 07/01/04 - 09/30/04 | 28,451 | | | 28,451 | | | |
| 19A | Medicare/Medi-Cal Crossover Published Charges | 10/01/04 - 06/30/05 | 87,620 | | | 87,620 | | | |
| 20 | | 07/01/04 - 09/30/04 | 01,020 | | | 07,020 | | | |
| ŏA | Medicare/Medi-Cal Crossover Negotiated Rates | 10/01/04 - 06/30/05 | | | | + | | | |
| | | | | 40000000000 | action are a | | 20202222 | 44(55(144)45(144) | 2022224 |
| 1 | Enhanced SD/MC Costs | 07/01/04 - 09/30/04 | 9,552 | 189 | 8,806 | 557 | | | |
| 21A | | 10/01/04 - 06/30/05 | 18,141 | 873 | 15,677 | 1,591 | | | L |
| 2 | Enhanced SD/MC SMA Upper Limits | 07/01/04 - 09/30/04 | 8,184 | 161 | 7,549 | 474 | | | |
| 2A | | 10/01/04 - 06/30/05 | 15,535 | 743 | 13,440 | 1,353 | | | |
| 23 | Enhanced SD/MC Published Charges | 07/01/04 - 09/30/04 | 8,075 | 160 | 7,445 | 471 | | | |
| 23A | | 10/01/04 - 06/30/05 | 15,337 | 738 | 13,253 | 1,346 | | | |
| 24 | Enhanced SD/MC Negotiated Rates | 07/01/04 - 09/30/04 | | | } | | | | |
| 24A | | 10/01/04 - 06/30/05 | 37 | | | | | | |
| | Enhanced SD/MC (Refugees) Costs | 07/01/04 - 06/30/05 | | | | | | | |
| 26 | Enhanced SD/MC (Refugees) SMA Upper Limits | 07/01/04 - 06/30/05 | | | | | | | |
| | | 07/01/04 - 06/30/05 | | | | | | | |
| 28 | Enhanced SD/MC (Refugees) Negotiated Rates | 07/01/04 - 06/30/05 | | | | | | | |
| 9 | <u>arangangan ang ang ang ang ang ang ang ang</u> | 07/01/04 - 09/30/04 | ************************************** | <u> </u> | | 45(4,456.4.) | | | |
| 9A | Healthy Families Costs | 10/01/04 - 06/30/05 | + | | | | | | |
| 0 | | 07/01/04 - 09/30/04 | | + | + | + | | | |
| 0A | Healthy Families SMA Upper Limits | 10/01/04 - 06/30/05 | | + | + | | | | |
| 1 | | 07/01/04 - 09/30/04 | | + | | + | | | |
| 1A | Healthy Families Published Charges | 10/01/04 - 06/30/05 | | | + | | } | - | |
| 12 | | 07/01/04 - 09/30/04 | | | + | + | | | |
| 2A | Healthy Families Negotiated Rates | 10/01/04 - 06/30/05 | | | | | + | | |
| | | 10/01/04 - 00/00/00 | | | | | | | |

3,179,961 144,567 2,437,600 527,957

69,838

ALLOCATION OF COSTS TO SERVICE **FUNCTIONS - MODE TOTAL**

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PAGE 1 OF 1 FISCAL YEAR 2004 - 2005

| County: PLACER COUNTY | | |
|------------------------|---------------|-------|
| County Code: 31 | | |
| L. JE P. DIAGER COUNTY | $\overline{}$ | _ |

| | County Code: 31 | | | MHS | MHS | MHS | MHS | MHS | ASO |
|-----------|---|--|--|---------------------|----------------|-------------------|----------------|-----------------|--|
| | Legal Entity: PLACER COUNTY | | Α | В | C | D | E | F | G_ |
| Le | gal Entity Number: 00031 | | <u>-</u> | Service | Service | Service | Service | Service | Service |
| - | Mode: 15 - Outpatient Services (Progn | am 2) | Mode Total | Function 30 | Function 60 | Function 11 | Function 12 | | |
| 1 | Allocation Percentage | | 100.00% | 0.56% | 3.66% | 7.45% | 34.63% | | |
| 2 | Total Units | | 100.00% | 4,011 | 18,482 | 53,005 | 246,551 | | |
| 3 | Gross Cost | | 590,897 | 3,329 | 21,624 | 43,994 | 204,637 | | |
| 4 | Cost per Unit | <u>unanghajaran higaraa</u> | | 0.83 | 1.17 | 0.83 | 0.83 | | af et et et et et et et et et e |
| 5 | SMA per Unit | | | 2.44 | 4.51 | 2.44 | 2.44 | | |
| 6 | Published Charge per Unit | | | <u> </u> | -7.01 | | 4 | 2.17 | 2.77 |
| 7 | Negotiated Rate / Cost per Unit | | | | | | | | |
| 8 | <u>Carteria de Referência da Carta da da de Ariada da Carta de Parte de Ariada da Carta da Carta da Carta da Carta</u> Carta da Carta da Car | 07/01/04 - 09/30/04 | | 1,150 | 1,730 | 11,195 | 48.985 | 72 104 | <u>. 1. 2.</u> 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. |
| 8A | Medi-Cal Units | 10/01/04 - 06/30/05 | | 585 | 1,980 | 29,350 | 162,600 | | |
| 9 | | 07/01/04 - 09/30/04 | | | 1,000 | 20,000 | 102,000 | 210,000 | |
| 9A | Medicare/Medi-Cal Crossover Units | 10/01/04 - 06/30/05 | | | | | | _ | |
| 10 | Enhanced SD/MC Units | 07/01/04 - 09/30/04 | | | | 660 | | 900 | |
| 10A | | 10/01/04 - 06/30/05 | | | 1,200 | 660 | 540 | 3,600 | |
| 108 | Enhanced SD/MC (Refugees) Units | 07/01/04 - 06/30/05 | | | | | | | |
| 11 | Healthy Families (SED) Units | 07/01/04 - 09/30/04 | | | Ll | | | | |
| 11A | · · · · · · · · · · · · · · · · · · · | 10/01/04 - 06/30/05 | | | 10 === | 44.4.5 | | | |
| 12 | Non-Medi-Cal Units | | | 2,276 | 13,572 | 11,140 | 34,426 | 84,932 | 1,835 |
| 13 | Medi-Cal Costs | 07/01/04 - 09/30/04 | 112,841 | 954 | 2,024 | 9,292 | 40,657 | 59,913 | |
| 13A | | 10/01/04 - 06/30/05 | 343,732 | 486 | 2,317 | 24,360 | 134,958 | | F G Service Service Function 13 30 53.44% 0.26% 380,425 1,835 315,753 1,560 0.83 0.85 2.44 2.44 72,184 218,809 900 3,600 84,932 1,835 |
| 14 | Medi-Cal SMA Upper Limits | 07/01/04 - 09/30/04 | 333,576 | 2,806 | 7,802 | 27,316 | 119,523 | | |
| 14A | | 10/01/04 - 06/30/05 | 1,012,609 | 1,427 | 8,930 | 71,614 | 396,744 | 533,894 | |
| 15 15A | Medi-Cal Published Charges | 07/01/04 - 09/30/04 10/01/04 - 06/30/05 | | | —— | | | | |
| 16 | <u> </u> | 07/01/04 - 09/30/04 | | | | | | | |
| 16A | Medi-Cal Negotiated Rates | 10/01/04 - 06/30/05 | | | | · | | | |
| 1.00 | <u>annen en 2000 annen en betreen en </u> | arrenegiaani umpeed | 4.5,0.0,0.0,070,000 | | <u> </u> | <u></u> | 0.000 | 200,000,000,000 | <u>ongoldz</u> ibacez |
| 17 17A | Medicare/Medi-Cal Crossover Costs | 07/01/04 - 09/30/04 10/01/04 - 06/30/05 | | | | | | | |
| 17A 18 | _ | 07/01/04 - 06/30/05 | | | | | | | |
| 18A | Medicare/Medi-Cal Crossover SMA Upper Limits | 10/01/04 - 06/30/05 | | | | | | | |
| 19 | 14 F 10 (0) 10 10 10 10 10 10 10 10 10 10 10 10 10 | 07/01/04 - 09/30/04 | | | | | - 1 | | |
| 19A | Medicare/Medi-Cal Crossover Published Charges | 10/01/04 - 06/30/05 | | | | | | | |
| 20 | Medicare/Medi-Cal Crossover Negotiated Rates | 07/01/04 - 09/30/04 | | | | | | | |
| 20A | IVIEUCATE/IVIEUFCAI CIOSSOVEI IVEGOLIATED RATES | 10/01/04 - 06/30/05 | | | | | | | |
| 21 | | 07/01/04 - 09/30/04 | 1,295 | | | 548 | 1.10 | 747 | <u> </u> |
| 21A | Enhanced SD/MC Costs | 10/01/04 - 06/30/05 | 5,388 | | 1,404 | 548 | 448 | | |
| 22 | F-hanned CDMC CMA Hannel limits | 07/01/04 - 09/30/04 | 3,806 | i | | 1,610 | | | |
| 22A | Enhanced SD/MC SMA Upper Limits | 10/01/04 - 06/30/05 | 17,124 | | 5,412 | 1,610 | 1,318 | 8,784 | |
| 23 23A | Enhanced SD/MC Published Charges | 07/01/04 - 09/30/04 | | | | | | | |
| 23A | | 10/01/04 - 06/30/05 | | | | | | | |
| 24 | Enhanced SD/MC Negotiated Rates | 07/01/04 - 09/30/04 | <u> </u> | | | | | | |
| 24A | era (k. 1915). 1918 - Francisco Alexander, anno 1918 - Francisco Alexander, anno 1918 - Francisco Alexander, anno 1918 - Fran | 10/01/04 - 06/30/05 | <u>, . ,</u> | * <u>**********</u> | <u> </u> | <u></u> | | | <u></u> |
| 25 | Enhanced SD/MC (Refugees) Costs | 07/01/04 - 06/30/05 | | | | | | | |
| 26 | Enhanced SD/MC (Refugees) SMA Upper Limits | 07/01/04 - 06/30/05 | | | | | | | |
| 27 | Enhanced SD/MC (Refugees) Published Charges | 07/01/04 - 06/30/05 | <u> </u> | | | | | | |
| 28 | Enhanced SD/MC (Refugees) Negotiated Rates | 07/01/04 - 06/30/05 | | 1010000 | | | | 210227777 | |
| 29 | Healthy Families Costs | 07/01/04 - 09/30/04 | | | | | | | |
| 29A | Troubly Furnitios Obside | 10/01/04 - 06/30/05 | | | | | | | |
| 30 | Healthy Families SMA Upper Limits | 07/01/04 - 09/30/04 | | | | | | | |
| 30A | , , , , , , , , , , , , , , , , , , , | 10/01/04 - 06/30/05 | | | + | | | | |
| 31 31A | Healthy Families Published Charges | 07/01/04 - 09/30/04 10/01/04 - 06/30/05 | | | | | | | |
| 31A | ` | 07/01/04 - 06/30/05 | | | | | | | |
| 32A | Healthy Families Negotiated Rates | 10/01/04 - 06/30/05 | | | | + | | | |
| | <u></u> | 10,0,104 - 00,00,00 | 100000000000000000000000000000000000000 | | <u> </u> | <u>nearantain</u> | | | <u> </u> |
| 33 | Non-Medi-Cal Costs | | 127,642 | 1,889 | 15,879 | 9,246 | 28,574 | 70,494 | 1,560 |

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE **FUNCTIONS - MODE TOTAL**

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PAGE 1 OF 1

FISCAL YEAR 2004 - 2005

County: PLACER COUNTY County Code: 31

CR

| | Legal Entity: PLACER COUNTY | A | В | С | D | E | F | G |
|----|------------------------------|------------|----------|-----------|------------|------------|----------|----------|
| Le | gal Entity Number: 00031 | | Service | Service | Service | Service | Service | Service |
| | Mode: 45 - Outreach Services | Mode Total | Function | Function_ | _Function_ | _ Function | Function | Function |
| | | | 20 | | | | | |
| 1 | Allocation Percentage | 100.00% | 100.00% | | | | | |
| 2 | Total Units | | 31,510 | | | | | |
| 3 | Gross Cost | 515,876 | 515,876 | | | | | |
| 4 | Cost per Unit | | 16.37 | | | | | <u> </u> |
| 5 | Non-Medi-Cal Units | | 31,510 | | | | | |
| 6 | Non-Medi-Cal Costs | 515,876 | 515,876 | | | | | |

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE **FUNCTIONS - MODE TOTAL**

MH 1966 (Rev. 7/05)

PAGE 1 OF 1

FISCAL YEAR 2004 - 2005

County: PLACER COUNTY County Code: 31

CR

| | Legal Entity: PLACER COUNTY | A | В | С | D | E | F | G |
|----|-------------------------------------|------------|----------|--|----------|----------|----------|----------|
| Le | gal Entity Number: 00031 | | Service | Service | Service | Service | Service | Service |
| | Mode: 60 - Support Services | Mode Total | Function | Function | Function | Function | Function | Function |
| | | | 20 | | | | | |
| 1 | Allocation Percentage | 100.00% | 100.00% | | | | | |
| 2 | Total Units | | 21,788 | | | | | |
| 3 | Gross Cost | 626,612 | 626,612 | | | | | |
| 4 | Cost per Unit | | 28.76 | | | | | <u> </u> |
| 5 | Non-Medi-Cal Units (Same as Line 2) | | 21,788 | | | | | |
| 6 | Non-Medi-Cal Costs (Same as Line 3) | 626,612 | 626,612 | <u>,21,21,25,21,21,21,21,21,21,21,21,21,21,21,21,21,</u> | | | | |

DETERMINATION OF SD/MC DIRECT SERVICES AND MAA REIMBURSEMENT

MH 1968 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

| Page | | County: PLACER COUNTY County Code: 31 | | | | DEMB! (De | EMENT TYPE | PC | | PC | | 1 | Costs | 1 |
|--|--------|---|------------------------------------|---------------|-------------|---------------|----------------------------|--|--|--|--|------------------|--|------------------------|
| Total Mode 52 Total Mode 52 Total Mode 52 Total Mode 10 Mo | _ | | | A | В | C | | | F | | Н | | Costs | K |
| March Code | Leg | al Entity Number: 00031 | | | | | <u> </u> | | †—— | · | | Total | _ | Total |
| Medical Code | | | | _ | Mode 55 | | | | L | | | | | Outpatient |
| Mile Control Proceed | | | | 1 | \ | ſ | MAA | | 14-4-05 | Į. | | | | (Col. I + Col. J) |
| Medical Color | | | | 1 | S F % 11-10 | | | | | Mode 10 | | Program (2) | | 1 |
| Monic Colons 100000000 | 1 | | | S. F.'s 01-09 | | S. F.'s 21-29 | į | | | | | 1 | | 1 |
| Mod Cut DNA | 1 | Medi-Cal Costs | 07/01/04 - 09/30/04 | | | | | | 278,375 | 496,437 | 1,285,113 | | 112,841 | |
| Marca P. C. 1996/46 (1995) 1996/46 197 | 1A | L | | | | | | | | | | | | |
| Mod Car P. C. | 24 | Medi-Cal SMA | | | | | | | | | | | 1 012 609 | 5.091,866 6.468,457 |
| Mode Carl N R | 3 | Medi Col B. C | | | | | | | | | | | 13012003 | 1.742.802 |
| Moderan 1,000 1, | | medi-Cair. C. | | | | | | I | 785,889 | 1,327,761 | 3,294,062 | 5,407.713 | | 5,407,713 |
| Modernament | | Medi-Cal N. R. | | | | | | | | | | <u> </u> | | |
| Common | 4/ | eranga <mark>eta makatang</mark> a mbang <mark>a mb</mark> anggan | | | | | | | | | | | | ararang arawa |
| ModernAnd C of Crossover SMA | 5 | Medi-Cal Gross Reimbursement | | 1 | | | | | | 420,341 | 1,086,763 | | | |
| Total Standard Cut Creativer 15th Control | 3A | <u>;</u> | | | | | | 0.000 | 600,009 | 1,327,761 | | | 343,732 | |
| Medican-Medic Cal Creativer P. C. 1076164 - 1090004 26.558 28.508 | 6 | Medicare/Medi-Cal Crossover Cost | 10/01/04 - 09/30/04 | | | | | | | | | | | |
| Medicarables Cal Crassover P. C. 07/16/16/16/200904 72.651 | 7 7 | | | | | | | | | | 28 602 | 28 602 | | |
| Medicarables Cal Crassover P. C. 07/16/16/16/200904 72.651 | 7A | Medicare/Medi-Cal Crossover SMA | 10/01/04 - 06/30/05 | | | | | | I | | 88.085 | 88.085 | | |
| Medicarshied, Cal Cressors N. R. 170162-000005 126.00 126. | 18 | Medicare/Medi-Cal Crossover P. C. | | | | | | 1 | | | | | | |
| Section Company Comp | 8A | | | | | | | | | | <u> 87,520</u> | 87,620 | | 87,620 |
| 10 10 10 10 10 10 10 10 | 9A | Medicare/Medi-Cal Crossover N. R. | | | | | | 1 | t | | | | | |
| Total Standard Continues Continues (1961) 1691044 1692044 1871041 1771783 17241 1884041 1771783 17241 1884041 1771783 17241 1884041 1771783 17241 1884041 1771783 17241 1884041 1771783 17241 1884041 1771783 17241 1884041 1771783 17241 1884041 1771783 17241 1884041 1771783 17241 1884041 1771783 17241 1884041 1771783 17241 1884041 1771783 17241 1884041 1771783 17241 1884041 1771783 17241 1884041 1771783 17241 1884041 1771783 17241 17241 17241 1884041 17241 | 27.75 | | | | | | | | ************************************** | <u> </u> | 28 451 | 28 451 | e | 28 451 |
| Table | | Medicare/Medi-Cal Crossover Gross Reim. | | | | | | | | | | | | |
| Table | 11 | <u> </u> | D7/D1/O4 - 09/30/O4 | | | | | 1 | 235 698 | 420 341 | 1 115 214 | 1 771 253 | 112 841 | 1 884 104 |
| | 11A | Total SD/MC + Crossover Gross Reim. | | | | | | | | 1,327,761 | 3,381,682 | | | 5,839,065 |
| 13 | * | <u> </u> | 07/01/04 - 09/30/04 | | | | | | (177-17-17-17-17-17-17-17-17-17-17-17-17- | <u>, 1515, 1515, 157, 157, 15</u> 1, | | | Control of the Contro | |
| 13 | 12A | Enhanced SDMC (Children) Cost | 10/01/04 - 06/30/05 | | | | | | | | | | | |
| Enhanced SDAC (Children) P. C. 100/164-069/005 1.5.327 1.5 | 13 | Enhanced SD/MC (Children) SMA | 07/01/04 - 09/30/04 | | | | | | | | | | | 11,990 |
| TALL | | | 10/01/04 - 06/30/05 | | | | | - | | | 15,535 | 15,535 | 17.124 | 32,659 |
| This continued SDMC (Children) N. R. 107/104-199/2004 8.075 8.075 1.295 8.370 1.205 8.370 | 14A | Enhanced SD/MC (Children) P. C. | | | | | | | | | 15,337 | 15,337 | | |
| 15A | 15 | Enhanced SDMC (Children) N. R. | | | | | | | | | | | | |
| Total Total Mode, Gross Reim Total (196,000) Total (196,00 | 15A | | 10/01/04 - 06/30/05 | | | | | ****** | | * | ******** | | | |
| Technical SDMC (Rafugees) Cost 176104 - 0893005 18 | | Enhanced SD/MC (Children) Gross Reim. | | | | | | | | | | | | |
| Table Technique SUMC (Refugees) SUMC Refugees) F. C. 707/104-06/3005 | | | | | | | | | | i Characatatatatata tata | 15,337 | 15,337 | 5,388 | 20,725 |
| 19 Enhanced SDMC (Refugees) N. R. 07/01/14- 08/30/05 235.588 420.341 1/23.290 1/75.329 114.155 1.993.492 1.176.329 1.1 | | Enhanced SD/MC (Refugees) Cost | | | | | | | | | | | | |
| 20 | | Enhanced SDMC (Refugees) SMA | | | | | | | | | | | <u>सम्बद्धाः स्टब्स्स</u> | |
| Total Mode/Call Gross Reimburgement | | Enhanced SD/MC (Refugees) N. R. | | | | | | | | | | | | |
| ZiA Gezulades Refuguees 100/104 - 06/3005 785,899 1,327,761 3,397,020 5,510,670 349,120 5,659,790 | | Total Medi-Cal Gross Reimbursement | 07/01/04 - 09/30/04 | | | | | 2.7.7 | 235 898 | 420 341 | 1 123 290 | 1 779 329 | 114 135 | 1 893 464 |
| Enhanced SDMC (Refugees) Gross Reim. | | (Excludes Refugees) | 10/01/04 - 06/30/05 | | | | | | 785,889 | | 3,397,020 | 5,510,670 | 349,120 | |
| Total Parilles SMA | 22 | Enhanced SD/MC (Refugees) Gross Reim. | 07/01/04 - 06/30/05 | | | | | | | | | | | |
| Pack Part | 23 | Hanthy Families Cost | 07/01/04 - 09/30/04 | | | | | | | | | | | |
| Tealthy Families P. C. | | Tionally Carrines Cost | 10/01/04 - 06/30/05 | | | | | | | | | | | |
| Feather Families P. C. | | Healthy Families SMA | | | | | | | | | | | | |
| 100104 - 06/3005 100104 - 06 | | U-95-5-3-8-0 | 07/01/04 - 09/30/04 | | | | | | | | | | | |
| 1001/04 - 06/30/05 1001/04 - 06/30/05 12,475 12,4 | | | 10/01/04 - 06/30/05 | | | | | | | | | | | |
| Content Cont | 26 | | | | | | | | | | ļ | | | |
| Total Expenditures from MAA (Mode 35) Tota | | <u>namanana kanamatan jiraha tanung mahabang bahatan jirahat pilahab</u> ahata. | <u> </u> | | *;;**; | | | <u> </u> | ************ | | | 31.32.4.4.32.4.4 | | |
| Class: Patient and Other Payor Revenue | | Healthy Families Gross Reim. | | | | | | | ļI | | | | | |
| 28A SD/MC + Crossover Revenue | 14.0 | Less: Patient and Other Payor Revenue | | | | | | | | | | | | |
| 1001/04 - 06/30/05 37,424 | 28 | | | | | | | | | | | | | |
| Enhanced SDMC (Refugees) Revenue | 28A | | 10/01/04 - 06/30/05 | | | | | | | | 37,424 | | | 37,424 |
| 1 | | | | | | | | | | ——- | | | | |
| 32 Total Expenditures from MAA (Mode \$5) | | Healthy Families Revenue | | | | | | | | | | | | |
| Medi-Cal Eligibility Factor (Average) | | Total Expenditures from MAA (Mode 55) | <u>aranggaran ng daran ng tara</u> | | | | *.*,* <u>.</u> *,*.*.*.*.* | | | | | | | |
| 35 | 33 | Medi-Cal Eligibility Factor (Average) | | | | | | | | | | | | |
| 1001/04 - 06/50/05 1001/04 - 06/50/05 785,889 1.327.761 3.359.596 5.473.246 349.120 5.822.366 36 Net Due - Enhanced SDMC (Refugees) 07/01/04 - 09/30/04 1001/04 - 06/30/05 1 | 34 | Revenue - MAA | | | | | | | | | | | | |
| 100104 - 1003005 1327.61 3,358.390 1327.61 3,358.390 3,47.61 3,47.61 3,358.390 3,47.61 3,358.390 3,47.61 3,47.61 3,358.390 3,47.61 3,358.390 3,47.61 3,358.390 3,47.61 3,358.390 3,47.61 3,358.390 3,47.61 3,358.390 3,47.61 3,358.390 3,47.61 3,358.390 3,47.61 3,47.61 3,358.390 3,47.61 3,47. | 35 | Net Due - SD/MC for Direct Services | 07/01/04 - 09/30/04 | | | | | | | | | | | |
| 37 | 35A | | 10/01/04 - 06/30/05 | | | | | | 785.889 | 1.327.761 | 3,359,596 | 5,473,246 | 349,120 | 5,822,366 |
| Amount Negobiated Rates Exceed Costs | 36 | | 07/01/04 - 09/30/04 | | | | | | | + | | | | |
| Amount Negobated Rates Exceed Costs 38 38. SDMC (Includes Children) 07/01/04 - 09/30/04 10/01/04 - 06/30/05 | | | | | | | | | | | | | | |
| 38 SDMC (Includes Children) | 1 | Amount Negotiated Rates Exceed Costs | | | | | | | | | | | 1 | |
| 38A | | SDMC (Ingludes Children) | | | | | | | | | | | | |
| 40 Hadden Familian 07/01/04 - 09/30/04 | | ' ' | 10/01/04 - 06/30/05 | | | | | | | | | | | |
| 40A Healthy Families 100/01/04 - 06/30/05 | | | 07/01/04 - 09/30/04 | | | | | | | | -+ | | | |
| | | Healthy Families | 10/01/04 - 06/30/05 | | | | | | | | | | | |

DETAIL COST REPORT

SD/MC PRELIMINARY DESK SETTLEMENT

MH 1979 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: PLACER COUNTY County Code: 31

| Legal Entity: PLACER COUNTY | | Α | B | C | D | E | F | G | H | 1 | J |
|---|--|--------------|------------------------|---------------------|--|---------------|---------------|---------------|--------------------------------|---------------|---------------------------------|
| Legal Entity Number: 00031 | | Total MAA | Total Inpatient | Total Outpatient | Total | 50.00% FFP | 50.00% FFP | 50.00% FFP | ¹ Variable % FFP | 75.00% FFP | Total FFP |
| SD/MC Administrative Reimbursement (County | Only) | | | | | | | | | | |
| County SD/MC Direct Service Gross Reimburse | ement | |] | 7,753,254 | 7,753,254 | | | | | | |
| Contract Providers Medi-Cal Direct Service Gro | ss Reimbursement | | 182,306 | 3,229,351 | 3,411,657 | | | | | | |
| Total Medi-Cal Direct Service Gross Reimburse | ement | | | | 11,164,911 | | | | | | |
| Medi-Cal Administrative Reimbursement Limit | | | | | 1,674,737 | | | | | | |
| Medi-Cal Administration | | | | | 1,816,359 | | | | | | |
| Medi-Cal Administrative Reimbursement | | | | | 1,674,737 | 837,368 | | | | | 837,36 |
| Healthy Families Administrative Reimbursemen | t (County Only) | | | | | | | | | | |
| County Healthy Families Direct Service Gross R | Reimbursement | | | | 1 | | | | | | |
| A Contract Providers Healthy Families Direct Serv | rice Gross Reim. | | | | | | | | | | |
| B Total Healthy Families Direct Service Gross Rei | | | | | | | | | | | |
| Healthy Families Administrative Reimbursemen | t Limit | | | | | | | | | | |
| Healthy Families Administration | | | | | | | | | | | |
| Healthy Families Administrative Reimbursemen | t | | | | | | | | | | |
| SD/MC Net Reimbursement for MAA | ************************************** | | | | | | | | | | |
| 1 Medi-Cal Admin. Activities Svc Functions 01 - 0 | 9 | | | | | | | | | | , |
| 2 Medi-Cal Admin. Activities Svc Functions 11 - 1 | 9, 31 - 39 | | | | | | | | | | |
| 3 Medi-Cal Admin. Activities Svc Functions 21 - 2 | 9 (County Only) | | | | 7 | | | | | | |
| 4 Utilization Review-Skilled Prof. Med. Personnel | (County Only) | | | | 125,297 | | | | | 93,973 | 93,97 |
| 5 Other SD/MC Utilization Review (County Only) | | | | | 126,828 | 63,414 | | | | | 63,41 |
| 6 0000000000000000000000000000000000000 | 07/01/04 - 09/30/04 | | 1414141423141434241414 | 1,871,619 | 1,871,619 | | 935,809 | | | | 935,80 |
| SD/MC Net Reimbursement for Direct Services | 10/01/04 - 06/30/05 | | | 5,801,641 | 5,801,641 | | | 2,900,820 | | | 2,900,820 |
| Enhanced SD/MC Net Reimb. (Children) | 07/01/04 - 09/30/04 | | | 9,370 | 9,370 | | | | 6,091 | | 6,09 |
| 7A Enhanced SD/MC Net Reimb. (Children) | 10/01/04 - 06/30/05 | | | 20,725 | 20,725 | | | | 13,471 | | 13,47 |
| 8 Enhanced SD/MC Net Reimb. (Refugees) | | | | | | | | | | | |
| 9 Total SD/MC Reimbursement Before Excess FF | P | | | | | | | | | | 4,850,94 |
| 0 Amount Negotiated Rates Exceed Costs - SD/M | IC & Enh. SD/MC | | | | | | | | | | |
| 1 Total SD/MC Reimbursement (FFP) | | | | | | | | | | | 4,850,94 |
| 2 Contract Limitation Adjustment | | | | | | | | | | | |
| 3 Adjusted Total SD/MC Reimbursement (FFP) | | | | | | | | | | | 4,850,941 |
| 4 | 07/01/04 - 09/30/04 | | <u> </u> | | (+0+1+1+1+1+1+1+1+1+1+1+1+1+1+1+1+1+1+1+ | | | | <u> </u> | | <u> चन्द्रभः व्यक्तिस्य स्त</u> |
| Healthy Families Net Reimbursement | 10/01/04 - 06/30/05 | | | - | | | | | | | |
| ··· | | | | | | | | | | | |
| 5 Lotal Realthy Families Reimbursement Refore F | | | | | | | | | | | |
| Total Healthy Families Reimbursement Before E Amount Negotiated Rates Exceed Costs - Health | hy Families | | | | | | | | | | |